**ILLINEK LODGE REGISTRATION FORM** (July, 2022) **ABRAHAM LINCOLN COUNCIL, BSA** 5231 South Sixth Street Road

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Springfield, Illinois 62703    Phone 217.529.2727

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City & Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other lodge members included with this reservation: Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enclosed is payment for the following event (s)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity** | **Location** | **Event Date** | **Due Date** | **Fee\*** | **Payment** |
| Dues | For 2022 | Jan - Dec |  | $15.00 |  |
| Back Dues | Catch up | Several |  | $1.00 |  |
| August Fellowship | Camp Illinek | Aug 19-21 | Aug 12 | $25.00 |  |
| Section Conclave | Rhodes-France SR | Oct 7-9 | TBD | TBD |  |
| October Fellowship | Camp Illinek | Oct 14-16 | Oct 6 | $25.00 |  |

\*credit card fees may apply

 TOTAL PAYMENT INCLUDED OF $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For overnight events:***

**Parent/Guardian Authorization (required if Ordeal candidate is less than 18 years of age).**

I hereby authorize the youth named above to attend the Illinek Ordeal listed above. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Health Insurance Carrier: Policy #: \_\_\_\_

Emergency Contact Name: Phone: \_\_\_\_

Parent/Guardian signature: Date: \_\_\_\_

**A complete BSA medical form “Annual Health & Medical Record form 34605, MUST be submitted with your registration. Parts A & B to be completed. (The medical you used for summer camp will suffice.)** **Any medical or dietary concerns should be discussed by your parent or guardian, with the Lodge Advisor and Event Medical Officer when you arrive Friday evening. A complete menu for the weekend will be available for review on Friday evening so those parents may also verify areas of potential concern. A blank copy of the medical form is online at: http://www.scouting.org/filestore/pdf/34605\_Letter.pdf**

**Unless otherwise required, meals may include dairy, wheat products or grains, nuts or nut based oils, fruits, sugar and similar products. We can adjust these on a case-by-case basis, but we must know in advance to ensure we have acceptable foods.**

**For additional information, or questions, please contact John Kirchgesner at (217) 971-6565 or johnk1904@gmail.com**

**Please include any dietary restrictions with this registration form.**

**Special Notes of Interest (health concerns, signing up as an Elangomat, Brotherhood, etc.):**

**For Office Use Only:**

**Paid Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scan \_\_\_\_\_\_\_\_\_\_\_**