Name	ABRAHAM LINCOLN COUNCIL, BSA 5231 South Sixth Street Road Springfield, Illinois 62703 Phone 217.529.2727 Unit Email				
Address					
City & Zip Code					
Other lodge members i	included with this rese	rvation:	Phone		
Enclosed is payment fo	or the following event	(s)			
Activity	Location	Event Date	Due Date	Fee	My Payment
Dues		Jan - Dec		\$15.00	
Brotherhood (sash)	Camp Bunn	Next:	7/10/18	\$20.00	
Day of Service	Camp:	7/21/18	7/17/18	No Fee	
Vigil Overnight	Camp Bunn	7/21-22/18	7/17/18	\$10.00	
Summer Fellowship	Camp Illinek	8/17-19/18	8/10/18	\$20.00	
Section Conclave	S bar F	8/24-26/18	8/10/18	\$39.00**	
Fall Fellowship	Camp Illinek	10/19-21/18	10/12/18	\$20.00	
¼ Zip Jacket	Size:	ASAP		\$45.00	
** - not available thround for overnight events at/Guardian Authoriza authorize the youth named all request that measures be instituted.	ation (required if O	rdeal listed above. In	is less thar	n 18 years o	• ,
Insurance Carrier:			Policy #:		
ency Contact Name:			Phone:		
/Guardian signature:			Date:		
lete BSA medical form "Annompleted. (The medical you rent or guardian, with the Lockend will be available for rethe medical form is online at otherwise required, meals res. We can adjust these on a	used for summer camp vodge Advisor and Event I eview on Friday evening st: http://www.scoutingmay include dairy, wheat	will suffice.) Any med Medical Officer when so those parents may org/filestore/pdf/3460 products or grains,	dical or dietary you arrive Frid also verify ard Letter.pdf nuts or nut ba	concerns shou ay evening. A eas of potential sed oils, fruits	ld be discussed by complete menu for I concern. A blank , sugar and similar
ial Notes of Interest (I	health concerns, si	gning up as an	Elangomat	, Brotherho	ood, etc.)