**ILLINEK LODGE REGISTRATION FORM** (April, 2020) **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 |  | Jan - Dec |  | $15.00 |  |
| Fellowship Pass 2020\* |  3 Fellowships, | Several |  | $50.00 |  |
| Cardinal Pass 2020\* | Fellowships, plus Dues, Conclave & Patch |  |  | $100.00 |  |
| Brotherhood (sash) | Council Camps | TBA  | On Site | $20.00 |  |
| National OA Conference\*\* | Michigan State University | 8/3-8/20 | 4/30/20 | Bal due | Office Only |
| Fellowship & Ordeal | Camp Bunn or Illinek | See website | 7 days prior | $25.00 |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\*Don’t pay both dues and Cardinal Pass \*\* cannot be paid with credit card

 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.**

**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 \_\_\_\_\_\_\_\_\_\_\_**