

# Langundowi Lodge #46

# 2007 Fall Conclave

*Tailgate Party*  
October 12-14, 2007  
Custaloga Town Scout Reservation

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Unit Number: \_\_\_\_\_

**Account 900055**

**Reservation Deadline is October 3, 2007.**

**Enclosed is \$14.50 for the conclave weekend, I will add \$6.50 (total \$21.00) if mailed after the reservation deadline. Walk in fee is \$30.00.**

If a receipt is desired, please enclose a self addressed, stamped envelope.

Mail this form and payment to:

Langundowi Lodge  
c/o French Creek Council, BSA  
1815 Robison Rd West  
Erie, PA 16509-4999

Check-in is 8:00 p.m. Friday evening. Check-out is 10:00 a.m. Sunday

Bring your own tent camping is available in Seton campsite.

*Please complete the other side of this form.*

# Emergency Information and Waiver

Name of Participant: \_\_\_\_\_

In case of emergency, contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

If the person named above is not available, please contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of physician: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

The Social Security Number of the patient may be requested by the hospital.

Additional information we should know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of emergency, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including, but not limited to, hospitalization, anesthesia, surgery, or injections and medication for my son (or if me, if an adult).

Date: \_\_\_\_\_ Signature of parent/guardian or adult \_\_\_\_\_