

Name \_\_\_\_\_ Unit \_\_\_\_\_ Chapter \_\_\_\_\_  
 BSA Registration No. \_\_\_\_\_ Home Town \_\_\_\_\_ State \_\_\_\_\_  
 Email \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

I am paying my dues and registering for these events: **[choose all that you are paying for at this time]**

<input type="checkbox"/>		<b>2007-2008 KOLA LODGE DUES</b>	<b>1-2371-781-00</b>	<b>PAST DUE</b>	<b>\$15</b>	<b>\$ 15.00</b>
<input type="checkbox"/>	JAN 26	WINTER FESTIVAL-CHADRON, NE	1-2371-793-00	DEADLINE: JAN 17	\$25	\$ _____
<input type="checkbox"/>	MAR 7-8	LEC & LLD-SCOTTSBLUFF, NE	1-2371-789-00	DEADLINE: FEB 28	\$15	\$ _____
<input type="checkbox"/>	MAY 30-JUN 1	<b>SPRING SERVICE-BDSR</b>	<b>1-2371-788-00</b>	<b>DEADLINE: MAY 22</b>		
	<b>(CIRCLE 1)</b>	ORDEAL CANDIDATE \$43 BROTHERHOOD CANDIDATE \$33 MEMBER \$20 ELANGOMAT N/C				\$ _____
<input type="checkbox"/>	JUN 6-8	<b>SPRING SERVICE-CLP</b>	<b>1-2371-791-00</b>	<b>DEADLINE: MAY 29</b>		
	<b>(CIRCLE 1)</b>	ORDEAL CANDIDATE \$43 BROTHERHOOD CANDIDATE \$33 VIGIL CANDIDATE \$33 MEMBER \$20 ELANGOMAT N/C				\$ _____
<input type="checkbox"/>	SEPT 19-21	<b>SEPTEMBER ORDEAL-CLP CAMP NICOL</b>	<b>1-2371-783-00</b>	<b>DEADLINE: SEP 11</b>		
	<b>(CIRCLE 1)</b>	ORDEAL CANDIDATE \$43 BROTHERHOOD CANDIDATE \$33 MEMBER \$20 ELANGOMAT N/C				\$ _____
<input type="checkbox"/>	OCT 17-18	LEC & LLD-SISSETON AREA	1-2371-789-00	DEADLINE: OCT 9	\$15	\$ _____
<input type="checkbox"/>	<b>LATE FEE FOR EACH EVENT YOU ARE ATTENDING ABOVE, IF REGISTERING AFTER POSTED DEADLINE (See below)</b>					<b>\$ _____</b>

**TOTAL AMOUNT ENCLOSED: Make checks out to "LPC", Memo "Kola Registrations"** \$ \_\_\_\_\_

**PLEASE NOTE: If your registration is not received in the Scottsbluff office by noon of the deadline, please add \$5 per event. If you fail to pre-register and instead pay at the door, there will be an additional \$10 fee and you will not be guaranteed meals for the event.**

Dietary Needs: Allergies \_\_\_\_\_ Vegetarian \_\_\_\_\_ Kosher \_\_\_\_\_ Other \_\_\_\_\_

**Class 1 Personal Health and Medical History**

To be filled out by a participant. Please print legibly in ink or type.

**Identification**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex M F  
 Name of Parent or Guardian \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**If person named above is not available in the event of an emergency, notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Name of personal physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Personal health/accident insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_

In case of an emergency, I understand that every effort will be made to contact me. 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 hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult).

List known medical conditions and medications:

\_\_\_\_\_  
 \_\_\_\_\_

Date \_\_\_\_\_ Signature of participant or guardian for under 18 \_\_\_\_\_

**Mail forms and money to: Long's Peak Council, 10 S. Beltline Hwy W., Scottsbluff, NE 69361**  
**Scottsbluff Office: Phone: 800-800-4052 Option 6 Fax (308) 632-4170**  
 If you wish to pay by credit card, please fax your form in then call the above number.