24th ANNUAL GREAT PLAINS LIONS LEADERSHIP INSTITUTE
Sponsored by the Lions of Multiple Districts 3, 9, 17, 26 and 38
Baker University,
615 Dearborn Street, Baldwin City, Kansas 66006
July 17-19, 2026

REGISTRATION FORM (Please type or print legibly)

NAME_____ Badge Name_____ Gender ___
Last First Initial

ADDRESS_____
Street/PO Box City State/Province Zip/PC

PHONE ( ) _____ ( ) _____ _____
Home Bus/Cell Email

Home Club. _____ Sub District Number _____ LCI Mbr # _____

Years in Lions _____ **Highest Office Held** _____

Registration Fee is **US$220 if received by April 30, 2026**, and must accompany the registration form. **Beginning May 1, 2026, the base fee increases to US$240**. Make checks payable in US funds to GPLLI and, along with the registration form, mail to PID Hans Neidhardt, 2744 E Ironstone St, Park City, Kansas 67219.

Application Deadline: June 1, 2026

"Applications will not be accepted without full payment."

Your registration fee includes seven meals, all Institute costs and dormitory rooms (Friday and Saturday) at Baker University. Please note that the dormitories are smoke free. You are permitted to request a specific roommate. Check in will take place at the **Harter Student Union** from 9:00 A.M. to 11:00 A.M. on Friday, July 17th and check out must be completed by 8:00 A.M. on Sunday, July 19th. We offer a souvenir shirt for an additional US$30. Shirt size_____ (they run a little large).

The following information must be completed before registration will be accepted.
_____ Diabetic Diet requested _____ Vegetarian Diet requested
_____ Wheelchair Access required _____ Vision Impaired (List what accommodation(s) are needed)
_____ Hearing Impaired (List what accommodation(s) are needed)

Please list any other special requests_____
Questions about the Great Plains Lions Leadership Institute may be directed to: PID Hans Neidhardt, Registrar, 2744 E Ironstone St, Park City, Kansas 67219, (316) 435-2800, or hnwizardofoz@gmail.com. Additional information will be sent to attendees prior to the start of the training session, to include directions, campus map, daily schedule, etc.

EMERGENCY CONTACT INFORMATION

We are asking for the following information in case of an emergency arising during the 2026 Institute. This information will be maintained until the close of the Institute and then shredded.

Emergency Contact Name_____Relationship_____

Contact telephone: HOME_____WORK_____CELL_____

Medical information that needs to be shared with emergency responders: Please feel free to use the back of this form.
_____

** LCIF Donations Collection: Historically, we have accepted individual and/or club donations during the training course. Donations are entirely up to each individual and/or clubs, and are in no way mandatory.