



**THE RITUAL  
OF THE CALLING  
OF AN ENGINEER**

**IRON RING OBLIGATION CEREMONY  
CAMP 25**  
camp25@ironring.ca

Ring Size: \_\_\_\_\_  
Guest Tickets: \_\_\_\_  
Paid: \_\_\_\_\_

**APPLICATION FOR ATTENDING AN IRON RING CEREMONY**

- ☐ Category 1 - A member of the graduating class in the Faculty of Engineering and Applied Science.  
☐ Category 2 - Persons registered as a Professional Engineer or Engineer-in-Training with a recognized association.

**Personal Contact Information (All Candidates):**

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

Address: \_\_\_\_\_ UofR E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Personal E-mail: \_\_\_\_\_

**Post-Secondary Education:**

University

Degree/Program

Year of Graduation

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Summer Courses: ☐ Yes ☐ No

Courses: \_\_\_\_\_

Special Presenter: ☐ Yes ☐ No

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

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

Email: \_\_\_\_\_

**Please indicate if you have any special accommodations.**

**You must attend the ceremony to receive an iron ring.**

**Category 2 Applicants only:**

I am registered as a ☐ Professional Engineer or ☐ Engineer-in-Training with the Association of Professional Engineers & Geoscientists of Saskatchewan.

APEGS Registration Number: \_\_\_\_\_

The following is to be signed by two professional engineers that were previously obligated:

*I certify that to the best of my knowledge the information provided by the applicant is accurate as stated:*

Name (Print): \_\_\_\_\_ Signed: \_\_\_\_\_

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

Obligated in Camp # \_\_\_\_\_ City \_\_\_\_\_ Year \_\_\_\_\_

Name (Print): \_\_\_\_\_ Signed: \_\_\_\_\_

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

Obligated in Camp # \_\_\_\_\_ City \_\_\_\_\_ Year \_\_\_\_\_

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I solemnly declare the statements made in this application are true and correct. I acknowledge that any false or misleading statement on this form or relating to any document in support of this application, including concealment of any material fact, may be found to be contrary to the Camp's Good Character Guideline and lead to denial or revocation of my registration.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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For office use only:

Graduation Confirmed – Yes ☐ No ☐

Registration Confirmed – Yes ☐ No ☐

Approved by APEGS – Yes ☐ No ☐

Application Approved – Yes ☐ No ☐