

TROOP 229, SELDEN, N.Y.

THE TROOP WILL BE ATTENDING A WEEKEND DISTRICT CAMPOREE FROM **FRIDAY, OCTOBER 12th THRU SUNDAY, OCTOBER 14th**. THE CAMPOREE WILL BE HELD HECKSCHER STATE PARK. THE TROOP WILL BE WORKING ON ADVANCMENT REQUIREMENTS AND BASIC SCOUT CRAFT. THE THEME OF THIS CAMPOREE IS ATTACHED.

WE PLAN ON MEETING AT 1-800-FLOWERS ON FRIDAY NIGHT AT 6:00PM. THE BOYS SHOULD BRING A LEAVE-NO-TRACE DINNER AND DRINK FOR FRIDAY NIGHT.

WE PLAN ON RETURNING ON SUNDAY (14th) BETWEEN 10:00 AND 11:00AM. THE **COST** OF THE TRIP IS STILL TO BE DETERMINED.

PLEASE COMPLETE THE FORM BELOW AND RETURN TO THE TROOP AT THE NEXT TROOP MEETING. THANK YOU!

YES _____ I HEREBY GIVE _____ PERMISSION TO ATTEND THE CAMPOREE FROM OCTOBER 12TH TO OCTOBER 14TH, 2007, AT THE HECKSCHER STATE PARK. .

NO _____ MY SON WILL NOT BE ABLE TO ATTEND THE CAMPOREE FROM OCTOBER 12TH TO OCTOBER 14.

DO NOT COMPLETE BOTTOM OF FORM IF YOU OR YOUR SON ARE NOT ATTENDING

I AUTHORIZE ANY MEDICAL TREATMENT THAT MAY BE NECESSARY DURING THIS OUTING.

SIGNED _____

HEALTH INSURANCE PROVIDER _____

THE I.D. # IS _____

MY PHONE # IS _____

EMERGENCY PHONE # _____

CHECK ONE

1. [] I WILL BE ABLE TO CAMP AND PROVIDE TRANSPORTATION FOR _____ SCOUTS.
2. [] I WILL BE ABLE TO PROVIDE TRANSPORTATION FOR _____ SCOUTS ON FRIDAY.
3. () I WILL BE ABLE TO PROVIDE TRANSPORTATION FOR _____ SCOUTS ON SUNDAY.
4. [] I WILL NOT BE AVAILABLE THIS WEEKEND.

I GIVE PERMISSION FOR _____ TO DRIVE MY SON TO THE CAMPOUT.

PLEASE FILL OUT AND RETURN THIS FOR IF YOUR SON IS GOING OR NOT

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