

**TROOP 229, SELDEN, N.Y.**

Troop 229 will be attending a campout at Alpine Scout Reservation in New Jersey from October 21 to October 23, 2011. The trip will take a little over an hour and a half. We will arrive Friday night. While at the camp, we will be staying in tents (lean-tos were not available). The camp has an activity center that includes a 6 hoop outdoor basketball court, 2 ping pong tables and 3 foosball tables. There is also an indoor climbing wall that we will be reserving. For those who want to participate in the indoor climbing wall activities, there will be an extra \$7 fee per person.

We will meet at 1-800-Flowers at 6:30PM Friday evening. The Scouts should bring a Leave-No-Trace dinner to the campout. Patrols are responsible for their own meals (breakfast, lunch, dinner, dessert and breakfast).

Mess kits are required. Uniforms are not required, but class C is recommended. Please bring your Scout Handbook so any requirements completed during this campout can be signed off.

The cost of the trip is \$25 per person plus the cost of the climbing wall if interested (total of \$32). The guideline for meal costs is about \$10-15 per person. Patrols must agree on the food selection and Patrol Leaders are responsible for purchasing enough food for their entire patrol.

Please complete the form below and return it along with the payment to Mrs. Galvez by Thursday, October 13.

If your son will arrive late or leave early, please indicate this below. When dropping your son off late or picking your son up early make sure that you inform a responsible adult who is camping with the Troop. If your son is not able to attend due to a Sunday morning conflict, please discuss this with Mr. Stern.

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YES \_\_\_\_\_ I HEREBY GIVE \_\_\_\_\_ PERMISSION TO ATTEND THE ALPINE CAMP CAMPOUT FROM OCTOBER 21 - 23.

NO \_\_\_\_\_ MY SON WILL NOT BE ABLE TO ATTEND THE CAMPOUT.

**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 # \_\_\_\_\_

LIST ANY MEDICATIONS THAT ARE REQUIRED DURING THIS CAMPOUT: \_\_\_\_\_

CHECK ONE (to be completed by an adult)

- 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.

Indicate if your son will be arriving late or leaving early: \_\_\_\_\_

I GIVE PERMISSION FOR \_\_\_\_\_ TO DRIVE MY SON TO/FROM THE CAMPOUT.

If you are able to drive, please indicate year, make, model of car: \_\_\_\_\_

How many Scouts can you drive: \_\_\_\_\_ What is your license number: \_\_\_\_\_

This information is needed so that you are covered under scout insurance if something happens.

**PAYMENT BY:**

\_\_\_\_ CASH      \_\_\_\_ CHECK (CHECK # \_\_\_\_\_)      \_\_\_\_ SCOUT ACCOUNT