

TROOP 229, SELDEN, N.Y.

Troop 229 will be having a back-to-basics campout from May 14 to May 16, 2010 at Cathedral Pines County Park. Several stations will be set up to help the Troop brush up on Tenderfoot and Second Class skills.

We will meet at 1-800-Flowers at 6:00PM Friday evening. The Scouts should bring a Leave-No-Trace dinner to the campout. Patrols are responsible for their own meals (breakfast, lunch, dinner and breakfast). The campout will conclude at about 10:00AM Sunday morning.

Mess kits are required. Uniforms are not required. Please bring your Scout Handbook so any requirements completed can be signed off.

The cost of the trip is \$5 per person plus the cost of meal (which will be collected by the Patrol Leader).

Please complete the form below and return it along with the payment to Cathy Agtuca by Thursday, May 6th.

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.

YES _____ I HEREBY GIVE _____ PERMISSION TO ATTEND THE BACK-TO-BASICS CAMPOUT FROM MAY 14-16 AT CATHEDRAL PINES.

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

Please fill out and return this form if your son is going or not

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