

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

The Troop will be attending the Benjamin Tallmadge District Camporee from October 10 through October 12 at Longwood Estates. Full Class A uniform must be worn all day Saturday during the camporee. Patrols will be visiting different stations during Saturday morning. After lunch, a pumpkin chucking contest will take place using trebuchets and/or catapults designed and built by the scouts. In the evening a pumpkin pie baking contest will take place. This is a good opportunity for Scouts to also work on advancements.

We plan on leaving from 1-800-FLOWERS in Selden on Friday evening at 6:00 PM. The boys should bring a leave-no-trace dinner and drink for Friday night.

We plan on returning home at about 10:00AM on Sunday.

The cost of the trip is \$35 for each scout (including breakfast, lunch, dinner and breakfast and camporee patch). Adults are free.

Please complete the form below and return to the Troop by Thursday, October 2<sup>nd</sup>. We need to finalize all the plans by October 2<sup>nd</sup> so we can determine meals and other organizational items. Please make sure you submit the form by then. Thank you.

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YES \_\_\_\_\_ I HEREBY GIVE \_\_\_\_\_ PERMISSION TO ATTEND THE FALL CAMPOREE ON OCTOBER 10-12 AT LONGWOOD ESTATES.

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

**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

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/FROM THE HIKE.

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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