

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

The Troop will be attending the District Spring Camporee in Cathedral Pines County Park from Friday, April 3<sup>rd</sup> to Sunday, April 5<sup>th</sup>. The theme of this camporee is Bicycling. There will be many fun activities including trail bicycling (13 and older), road bicycling and non-bicycling. All Scouts need to bring a compass. Bikers must have a bike, helmet, tied shoes, eye protection and no baggy pants. The trip will cost about \$30 per person. In order for us to secure a campsite, we need a commitment from the Scouts and parents who are going. A completed permission slip and money are due by Thursday, March 26<sup>th</sup> for each Scout. Class A uniform is required all day on Saturday and for closing ceremonies on Sunday. Do not bring any special pins and/or religious awards (during the activities, they might get lost).

A LNT dinner will be eaten on Friday night. We will leave at 6:00PM from 1-800-Flowers. When we arrive at camp, we will set up and hopefully have time for a campfire. Each boy should have a non-disposable cup to drink from for the weekend. This will save on the cost of cups. It is also recommended that mess kits be used in place of paper plates to also save on cost. We expect to arrive home between 10:00 and 11:00 AM on Sunday morning.

**PLEASE COMPLETE THE FORM BELOW AND RETURN FORM AND DEPOSIT TO MRS. AGTUCA BY MARCH 26<sup>TH</sup>. THANK YOU!**

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YES \_\_\_\_\_ I HEREBY GIVE \_\_\_\_\_ PERMISSION TO ATTEND THE SPRING CAMPOREE FROM APRIL 3<sup>rd</sup> THROUGH APRIL 5<sup>th</sup> IN CATHEDRAL PINES COUNTY PARK.

NO \_\_\_\_\_ MY SON WILL NOT BE ABLE TO ATTEND THE SPRING CAMPOREE FROM 3<sup>rd</sup> THROUGH APRIL 5<sup>th</sup> IN CATHEDRAL PINES COUNTY PARK.

**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 ALLERGIES OR 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 THE CAMPOUT.

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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