

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

THE TROOP WILL BE ATTENDING A WEEKEND DISTRICT CAMPOREE FROM **FRIDAY, JANUARY 11<sup>TH</sup> THRU SUNDAY, JANUARY 13<sup>TH</sup>**. THE CAMPOREE WILL BE HELD AT BAITING HOLLOW SCOUT CAMP. THE TROOP WILL BE WORKING ON ADVANCMENT REQUIREMENTS AND BASIC SCOUT SKILLS. THE THEME OF THIS CAMPOREE IS ORIENTEERING.

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 (13th) BETWEEN 10:00 AND 11:00AM. THE COST OF THE TRIP WIL BE \$30.

PLEASE COMPLETE THE FORM BELOW AND RETURN TO THE TROOP ON THURSDAY, JANUARY 3RD. THANK YOU!

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YES \_\_\_\_\_ I HEREBY GIVE \_\_\_\_\_ PERMISSION TO ATTEND THE CAMPOREE FROM JANUARY 11TH TO JANUARY 13TH, 2008, AT BAITING HOLLOW SCOUT CAMP.

NO \_\_\_\_\_ MY SON WILL NOT BE ABLE TO ATTEND THE CAMPOREE FROM JANUARY 11<sup>TH</sup> TO JANUARY 13.

**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 # \_\_\_\_\_  
FOOD RESTICTIONS: \_\_\_\_\_  
LIST MEDICATIONS: \_\_\_\_\_

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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