



TROOP 58 EVENT PERMISSION SLIP



Activity: Pioneering & Cooking Competition Campout

Drop off Time: 5:00 PM Sharp Date: Friday, November 14, 2014 Place: Walmart

Pickup Time: 11AM (approx.) Date: Sunday, November 16, 2014 Place: Walmart

Details: UNIFORM WILL BE CLASS A GOING AND RETURNING & CLASS B FOR SATURDAY.

We will be departing on Friday to Saddleback Butte campground for a weekend of camping and patrol competitions. Patrols will be competing by building & lashing together structures. In the evening, patrols will be competing in a cooking competition. Both events will be judged for awards. The troop will also be inviting several webelos groups to join us at this campout to observe the troop in action. Patrol food cost will come out of patrol dues. Lunch on Saturday is on your own. Please eat dinner prior to departing on Friday. Bring warm gear for the evening.

We will be doing a flag retirement ceremony in the evening.

***There are no refunds, except in extraordinary circumstances determined by trip leader..**

Any questions, please contact Tim Terpening, (661) 713-2722. **Emergency Contact:** Robyn Fennessy, (661) 297-6188

------(CUT OFF BOTTOM PORTION AND TURN IN ALONG WITH CASH)-----

Scout and Adult Participation – Pioneering & Cooking Campout

Participant (s) (please print) _____ Phone # _____

Cost: 10.00 per person. Scouts Attending: _____ + Adults Attending : _____ = Total _____

I will drive YES or NO. I have room for myself and _____ other people. I have insurance. Vehicle Year _____ Make/Model
_____ CDL _____ (Minimum Insurance is \$30,000/\$50,000)

PARENTAL STATEMENT

Scout Name: _____ Patrol: _____ Emergency Telephone # _____

Is it necessary to restrict the scout's activities for medical reasons? (Circle one) Yes No

If yes, please explain.

Does the scout take medications or require special care (circle) Yes No

If yes, please explain:

I give my permission for full participation in this BSA Troop 58 event subject to the restrictions noted above. In the event of illness or accident, I request that measures be instituted without delay as the judgment of medical personnel dictates.

I have discussed with my son the importance of following safety rules. He understands that if he chooses not to follow the rules that he will be excluded from this event and I will be contacted to come and take him home.

Parent or Guardian's Signature: _____ Date: _____

Permission Slip due by Monday 11/10/14

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