



TROOP 58 EVENT PERMISSION SLIP



Activity: Calico Ghost Town Campout

Drop off Time: 4:45 PM

Date: Friday, December 5, 2014

Place: Walmart

Pickup Time: 11:00 PM (approx.)

Date: Saturday, December 7, 2014

Place: Walmart

We will be departing on Friday for Calico Ghost Town. Will spend Saturday morning hiking through the canyons & touring the old mines in the area. In the afternoon, we will be visiting the ghost town of Calico. Scouts should bring layering clothes, sunscreen, water bottles, hats, two flashlights, and very sturdy hiking shoes, books and essential gear to compete with. Patrols will be cooking Saturday breakfast, dinner, and Sunday morning breakfast. Saturday lunch is on an individual basis. Scouts need to bring extra spending money for town. Scouts need to eat prior to departing on Friday.

ALL MONIES FOR PATROL FOOD, WILL COME OUT OF PATROL FUNDS. Uniform is class B coming & going.

Any questions, please contact Tim Terpening, Scoutmaster. (661)252-7245

Emergency Contact: Robyn Fennessy, 661- 297-6188

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

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

Scout and Adult Participation – Calico Ghost Town Campout

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

Scouts Attending: _____ (\$10 ea.) + **Adults Attending :** _____ (\$10 ea.) = **Total** _____ (Cash only, no checks!)

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 \$15,000/\$35,000)

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 12/1/14

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