



TROOP 58 EVENT PERMISSION SLIP



Activity: Camporee

Drop off Time: 4:30 PM Sharp **Date:** Friday, May 1, 2015 **Place:** Walmart

Pickup Time: 11:00 PM (approx.) **Date:** Saturday, May 2, 2015 **Place:** Walmart

Details: UNIFORM WILL BE CLASS A GOING AND RETURNING & CLASS B FOR SATURDAYS EVENTS

We will be departing on Friday to Camp Three Falls for the annual Bill Hart Camporee. Patrols will be competing all day Saturday, and in the evening, will be attending the awards campfire & OA tap out. Please be sure to have your uniform up-to-date, as they will be inspected. Each Scout will be charged extra above the initial cost of Camporee to cover the cost of patrol food for Saturday breakfast & dinner. Lunch on Saturday is on your own, or can be purchased from OA. Please eat dinner prior to departing on Friday. Bring water bottles, sunscreen and warm gear for the evening.

We will be returning late Saturday 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 – Bill Hart Camporee

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

Cost: \$30.00 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 4/20/15

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