

Space Exploration MB / Cabin Campout 4 Dec 7-9, 2007

Location .. Beaumont Scout Reservation. 2429 Route 45 North, Rock Creek, OH 44084 440-563-3319

Type..... Cabin campout ... Beaumont Cabin #6 . Outdoor boots will NOT be worn in the cabin. Bring suitable footwear for inside the cabin.

Meals..... Adults will cook to ensure time to complete merit badge.

Cost..... \$15 per person.

Deadline.. **Signed permission slip and payment is due to the Troop Scribe on November 20, 2007.**

Depart..... Meet at the Scout building Friday @ 6:30P, load troop gear and depart promptly at 7:00P for location.

Return..... Pick up time at Camp Beaumont is Sun 9:00A (or once we are released by the Camp Staff)

Pickup... At scout building after all troop equipment has been assigned to scouts for restocking, cleaning.

Church.... We will ALL attend Saturday evening at Scared Heart in Rock Creek.

Other.....

1. All Scouts and adults must wear tan "Field" (Class-A) Scout shirt for the travel.
2. MB Requirements avail. here: [http://meritbadge.org/wiki/index.php?title=Space Exploration](http://meritbadge.org/wiki/index.php?title=Space_Exploration)
3. **Must TURN-IN Requirement 5c to Mr. Marencik by Dec 7th.**
4. All other "standard" rules apply as stated in the latest edition of the Troop handbook..

----- Cut here -----

Boy Scout Troop 526

Space Exploration MB / Cabin Campout 4 Dec 7-9, 2007

Parents: Complete the following information and return this portion to the Troop Scribe along with \$15.00 meal fee no later than the Troop Meeting on Tuesday, November 20th, 2007 by 7:30P. (\$5.00/person late fee)

Scout _____ will attend the campout and has my permission to participate. He will pay

his camping fee in: [] cash; [] check # _____; [] scout account. In case of emergency please contact

_____ at (_____) _____. As a parent, I recognize that this event requires my assistance.

I will: [] attend the campout (\$15); [] transport (complete chart below); [] Other _____

I understand it is my responsibility to provide or arrange timely transportation for my Scout to and from this event.

KIND, YEAR, AND MAKE OF VEHICLE	NUMBER OF PASSENGERS	OWNER'S NAME	DRIVER'S LICENSE NUMBER	WILL EVERYONE WEAR A SEATBELT?	PUBLIC LIABILITY INSURANCE COVERAGE		
					PUBLIC LIABILITY		PROPERTY DAMAGE
					Each Person	Each Accident	
					\$	\$	\$

I also understand that this event includes a certain degree of risk that could result in injury or death. In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Parent signature

Date