

BUFFALO NAVAL PARK ▶ APR 21-22, 2007

Location... Buffalo, NY (with side trip on Saturday afternoon to Old Fort Niagara – USA Side)

Type..... Cabin (ship)

Meals.....Sat dinner and Sun breakfast provided on ship. Bring sack lunch for Sat and money for Sun lunch.

Cost..... \$46 per person (plus additional money for Sun lunch and any souvenirs, Troop will pay admission to Old Fort Niagara). Fee includes \$10 for gas money to driver.

Deadline... Signed permission slip and payment is due to the Troop Scribe on **February 20, 2007** by 7:30P.

Depart..... Meet at the Scout building Saturday @ 7:15A, load-up and depart promptly at 7:30A for location.

Return..... At the Scout Bldg on Sunday @ approx 4P based on the weather.

Church.... Sunday 10:30A mass at St. Joseph’s Cathedral, Buffalo, NY

Other.....

1. All Scouts and adults must wear tan “Field” (Class-A) Scout shirt to and from this event and to church mass. Scouts are expected to wear a “Troop 526” T-shirt during remainder of the weekend.
2. All other “standard” rules apply as stated in the latest edition of the Troop handbook.
3. All participating Scouts and adults **MUST** have a current medical form on file with the Troop
4. Questions can be directed to the adult Leader in charge, Mr Kevin Lynch.

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Boy Scout Troop 526

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Parents: Complete the following information and return this portion to the Troop Scribe, along with \$46 fees no later than the Troop Meeting on Tuesday, February 20, 2007 by 7:30P. (No late reservations can be accepted.)

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 (\$46 or \$36 if driving); [] transport (complete chart below); [] other _____

| 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 understand it is my responsibility to provide or arrange timely transportation for my Scout to and from camp. Should my son require medical attention and reasonable attempts to reach me are unsuccessful, I give the Troop Leaders permission to take any and all necessary actions on my behalf. A letter to the Scoutmaster from the parent is required if the Scout is not attending the complete event from Friday night to Sunday morning.

Parent signature

Date