

Camp Butler Tent Campout/Service Project - May 22-24, 2009

Location .. Camp Butler/Manatoc, 1075 Truxell, Peninsula, OH 44264 Tel: 330-657-2592

Type..... Tent Campout

Meals..... Adults will cook except Saturday breakfast will be cooked by Boy Scouts

Cost..... \$8 per person.

Deadline.. **Signed permission slip and payment is due to the Troop Scribe by May 12, 2009**

Depart..... Meet at the Scout Building Friday @ 6:30 PM, load troop gear and depart promptly at 7 PM for camp.

Return..... Scout Building on Sunday between 9:30 am – 10:00 am. Pick up time at Camp Butler is Sunday 9:00 am (or once released by Camp Staff & Troop gear is assigned by Quartermaster)

Church.... We are making attempts to have a Catholic Mass Saturday evening

Other

1. All Scouts and adults must wear tan "Field" (Class-A) Scout shirt for the travel.
2. All other "standard" rules apply as stated in the latest edition of the Troop handbook.
3. Service hours will be earned on Saturday for helping with Pack Family Campout.
4. Patrols will put on a skit either Friday or Saturday night during the Ceremonies.

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Parents: Complete the following information and return this portion to the Troop Scribe along with \$8.00 no later than the Troop Meeting on Tuesday, May 12, 2009.

Scout _____ will attend the campout/service project 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 (\$8); [] transport (complete chart below); [] Other _____

Please indicate which meals you will be participating in. Indicate a number if counting scouts and adults:

___ Friday night snack; ___ Sat. breakfast; ___ Sat. lunch; ___ Sat. dinner; ___ Sat. night snack; ___ Sun. breakfast

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