

Fall Camporee ▶ Sept 18-20, 2009

Pioneer District

Location .. Top O'Ledges, Hinckley Reservation, Cleveland Metroparks.

Type..... This is a 2 night tent camping event. Patrol competition begins on Saturday at 8:00A.

Cooking...By patrols. No ground fires permitted. Limited water availability.

Cost..... \$15 per person (Troop 526 will pay the \$7 participation fee).

Deadline.. **Signed permission slip and payment is due to the Troop Scribe by Tuesday, September 8, 2009 @ 7:30P.** Late reservations will be accepted at a cost of \$20 per person.

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

Return..... Pick up time is Sunday 9A (or once we are released by the Camp Staff)

Church.... All Scouts must make **own arrangements** for church service once they return home

Other.....

1. All Scouts and adults must wear tan "Field" (Class-A) Scout shirt to and from ALL campouts.
2. Scouts are expected to wear a "Troop 526" T-shirt during remainder of the camping event.
3. All other "standard" rules apply as stated in the latest edition of the Troop 526 handbook.

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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 \$15 camp fees no later than the Troop Meeting on Tuesday, September 8, 2009 by 7:30P. (+\$5/person late fee if returned later)

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 Each Person	Each Accident	PROPERTY DAMAGE
					\$	\$	\$

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