

East Harbor/Kelleys Island Camp/Bike Trip

June 20-22, 2008

Location... Camping at East Harbor State Park (Marblehead, OH), ferry ride (Kelley's Island Ferry) to/from and biking all-day Saturday on Kelleys Island

Type..... Tent Campout (bring personal bicycle w/ helmet)

Meals..... Provided by Troop Adult Leaders

Cost..... \$25 per person (this amount has been significantly discounted by the Troop)

Deadline... **Signed permission slip and payment is due to the Troop Scribe on June 10, 2008**

Depart..... Meet at the Scout Building Friday @ 6:30 PM, load gear and depart promptly at 7 PM for camp. The troop will provide a separate trailer for transport personal bicycles.

Return..... Pick up time at East Harbor State Park is Sunday 9A

Church.... We will plan to attend Sat. 4P afternoon services at St Michael's Catholic Church on the island.

- 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 last edition of the Troop handbook.

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Boy Scout Troop 526

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Parents: Complete the following information and have your Scout return this portion to the Troop Scribe along with \$25 no later than the Troop Meeting by 8P on **Tuesday, June 10, 2008.** (Late permission slips accepted with a +\$5 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 (\$25); [] transport (complete chart below); [] Other _____

I will ensure that my son brings a properly fitted bicycling helmet and ask that the Troop Leadership require him to wear it while he is riding his bike.

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/Guardian signature Date