

St. John's Byzantine Cathedral Overnight

4 Jan 11-12th , 2008

Location .. St. John's Byzantine Cathedral, 1900 Carlton Ave., Parma Ohio 44134

Type..... Overnight inside Cathedral. Bring sleeping bag, pillow, change of cloths, toiletries. Also, gym style sneakers.

Meals..... Adults will cook all meals.

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

Deadline.. **Signed permission slip and payment is due to the Troop Scribe on Jan 8th , 2008.**

Activity ... More details at Tuesday meeting regarding the activates planned. Will include some youth training.

Depart..... Meet at the Scout building Friday @ 6:30P. No troop gear to load, so will leave by 6:45pm.

Return/Pickup..... Pick up time at St. John's Byzantine Cathedral at 7:30pm on Saturday, Jan 12th 2008.

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.

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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 \$15.00 meal fee no later than the Troop Meeting on Tuesday, January 08, 2008 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 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