

Cady Road Tent Campout4 April 11-13 2008

Location .. Monastery of St. Clare/Cady Road, 6688 Cady Road, N. Royalton, OH 44133 440 237-6800

Type..... Tent Campout. Bring weather appropriate clothing including boots and work gloves for light service work

Meals..... Cooking by Patrol

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

Deadline.. **Signed permission slip and payment is due to the Troop Scribe on April 1, 2008 by end of Court of Honor**

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

Return..... Pick up time 9 AM Sunday at Cady Road. **ALL Scouts will return to Scout Building to offload gear.**

Church.... Church services on your own after return from campout event.

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 no later than the Court of Honor/Troop Meeting on Tuesday, April 1, 2008. (\$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		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