

Beaumont Cabin Campout 4 March 7-9 2008

Location .. Beaumont Scout Reservation, 2429 Route 45 North, Rock Creek, OH 44084 440-563-3319

Type..... Cabin Campout...Cabins 2 & 3; Outdoor boots will NOT be worn in the cabin. Bring Suitable footgear for inside the cabin.

Meals..... Adults will cook

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

Deadline.. **Signed permission slip and payment is due to the Troop Scribe on February 26, 2008**

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 at Camp Beaumont is Sunday 9:00AM (or once released by Camp Staff)

Church.... We will ALL attend Saturday evening Mass at Sacred Heart Church in Rock Creek.

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

Beaumont Cabin Campout 4 March 7-9 2008

Parents: Complete the following information and return this portion to the Troop Scribe along with \$15.00 no later than the Troop Meeting on Tuesday, February 26, 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		
					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