

Beaumont Tent Campout/Service Project ▶ May 23-25, 2008

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

Type..... Tent Campout

Meals..... Adults will cook except Saturday breakfast will be cooked b y boy scouts

Cost..... \$8 per person.

Deadline.. **Signed permission slip and payment is due to the Troop Scribe on May 13, 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 in Cub World.

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.
3. Service hours will be earned on Saturday for helping with Pack Family Campout.
4. Patrols will put on a skit either Friday or Saturday night during the Ceremonies.

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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 \$8.00 no later than the Troop Meeting on Tuesday, May 13, 2008.

Scout _____ will attend the campout/service project 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 (\$8); [] transport (complete chart below); [] Other _____

Please indicate which meals you will be participating in. Indicate a number if counting scouts and adults:

___ Friday night snack; ___ Sat. breakfast; ___ Sat. lunch; ___ Sat. dinner; ___ Sat. night snack; ___ Sun. breakfast

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