

Wright-Patterson Air Force Base

October 10-11, 2009

Location .. Wright-Patterson Air Force Base - Fairborn, Ohio

Type..... This is a 1 night tent camping event. Air Force Museum admission included on Saturday.

Meals..... Will be eaten in the Base Dining Facility. Limited water availability.

Cost..... \$20 per person. The cost includes Gas, Museum and Dining costs.

Deadline.. **Signed permission slip and payment are due to the Troop Scribe by Tuesday, September 22, 2009 @ 7:30P.** Late reservations will not be accepted.

Depart..... Meet at the Scout building **Saturday @ 7:30AM**, load troop gear and depart promptly at 8AM for location

Return..... Pick up time at the Scout Building is **Sunday 5:00 PM -5:30 PM**

Church.... All Scouts will attend Church Services on the Base.

Other.....

1. All Scouts and adults must wear tan "Field" (Class-A) Scout shirt to and from ALL campouts.
2. Scouts are expected to wear a "Troop 526" T-shirt during other non group events.
3. All other "standard" rules apply as stated in the latest edition of the Troop 526 handbook.

----- Cut here -----

Boy Scout Troop 526

Wright-Patterson Air Force Base ▶ Oct 10-11, 2009

Parents: Complete the following information and return this portion to the Troop Scribe, along with \$20 camp fees no later than the Troop Meeting on Tuesday, September 22, 2009 by 7:30P. No late additions.

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 (\$20); [] 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