**Troop 216**

**Beaumont Scout Reservation Cabin Campout**

**February 14-16, 2020**

**PLACE:** Mallinckrodt Cabin 6480 Beaumont Reservation Drive, High Ridge, MO 63049

**DEPART:** Fri. Feb 14– First Christian Church Edwardsville parking lot 5:30pm (arrive between **5 to 5:15**pm to check in and load gear)

**RETURN:** Sun. Feb 16 First Christian Church Edwardsville parking lot. Scout will contact parents with anticipated arrival time; no Scout should leave until dismissed by Senior Patrol Leader or Adult Leader

**FOOD:**   Eat dinner on own before departure. Troop provides Fri. night snack, Sat. meals, Sun. breakfast

**COST:** $28.00/scout or adult (includes food & general camping costs)

**WEAR:** Class A for transportation to and from (mandatory!); Class B for activities. Bring weather appropriate clothing/footwear and personal gear. Bring sleeping bag but **no cot is needed**.

**Point of Contact** Albert Middeke 314/809-3267; Camp phone: 573/756-5738; Ranger 636/938-5444

**PLEASE return signed permission slip and payment to Ms, Bishopp or Gill by**

**7:30pm Monday, February 10, 2019.**

**---------------------------------------Return bottom portion --------------------------------------**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent’s name) give permission for my son, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name) to attend and participate in all activities that are planned.  I also give permission to any medical institution, person, or Scout Leader to render emergency treatment in the event of a medical emergency.  My son is in good health and (circle one) is / is not taking any medications. In the event medications are needed, I will give them to the Leader in the original container with written instructions. Please note pertinent medical information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **EMERGENCY CONTACT NAME** | **PHONE #** | | **RELATIONSHIP** |
|  |  | |  |
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|  |  |  |  |

Indicate plan here if alternate arrival/departure

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ I plan to attend/stay overnight (adult name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ I can transport \_\_\_\_\_\_ scouts, not including the driver

☐ Please transfer $\_\_\_\_\_\_ from my scout’s account to cover this activity

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FOR TROOP TREASURER:  Rec’d\_\_\_\_\_\_\_\_\_\_(date)  by MB DG | Beaumont Cabin Campout Feb 14-16 $28/scout or adult   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Amount | Cash | Check # | Scout Account | Notes | |  | ☐ |  | ☐ |  | |  | ☐ |  | ☐ |  | |  | ☐ |  | ☐ |  | |