**Troop 216**

**Camp Warren Levis Camp Out**

**Aug. 7-9, 2020**

**PLACE:** Ouatoga campsite at Camp Warren Levis, 5500 Boy Scout Lane, Godfrey, IL 62035

Camp office: 618/466.4141

**DEPART:** Fri Aug 7 – First Christian Church Edwardsville, 5:30pm. Arrive between **5:00-5:10**

pm to check in (including medical self-screening) & to load gear. Parents will drive their Scout unless written permission provided to ride with specifically-designated driver indicated below

**PICKUP:** Sun Aug 9 – Ouatoga campsite, 10:30am by parent or designated driver. 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:** MASK; Class A for transportation to and from (mandatory!); Class B for activities.   Bring weather-appropriate clothing/footwear & sleeping/personal gear

Optional: FISHING GEAR

**TROOP CONTACT PERSON:** Mark Mason 302/256.8597

**PLEASE return permission slip & payment to Activities Chairperson**

**Ms. Bishopp or Ms. Gill by 7:30 PM on Monday, Aug. 3**

**---------------------------------------Return bottom portion with payment --------------------------------------**

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** |
|  |  |  |
|  |  |  |

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Indicate plan here **↓** if alternate arrival/departure

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

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

I will ☐bring own tent ☐borrow Troop tents (indicate # needed \_\_\_\_\_\_)

I allow my Scout to be driven by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐TO ☐ FROM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| FOR ACTIVITIES CHAIR:  Rec’d on \_\_\_\_\_\_ /\_\_\_\_\_\_\_  by MB / DG | Camp Warren Levis Aug 2020 $28/scout or adult   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Amount | Cash | Check # | Scout Account | Notes | |  | ☐ |  | ☐ |  | |  | ☐ |  | ☐ |  | |  | ☐ |  | ☐ |  | |