**Troop 216 Day Event**

**Rhodes-France Scout Reservation Rifle Shooting**

**February 20, 2021**

**PLACE:** Rhodes-France Scout Reservation 815 N 500 E Rd Pana, IL 62557 Rifle Range

**DEPART:** Sat. Feb 20– First Christian Church Edwardsville parking lot 11:30am (**arrive at 11:15** to check in and turn in this form and payment)

**DRIVE TIME:** approximately 90 mins

**RETURN:** Scout will contact parents with anticipated arrival time back to Edwardsville; no Scout should leave until dismissed by Senior Patrol Leader or Adult Leader

**FOOD:**   Eat lunch on own before departure. Recommend bringing a snack and drink, possibly cash if stop for food afterward

**COST:** $10.00/Scout covers shooting fee including ammo

**WEAR:** Class A for transportation to and from (mandatory!) Wear a mask and weather-appropriate clothing/footwear including hat and gloves

**Emergency Contacts** Mark Mason 302.256.8597 Gary Gill 618.616.6769 Camp Ranger 217.294.2291

**PLEASE bring this signed permission slip and payment to the departure**

**Sign up by email or text to Mrs. Gill 618.616.6774 or** [**diane.gill67@gmail.com**](mailto:diane.gill67@gmail.com) **no later than Thursday Feb 18**

**---------------------------------------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:

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

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

Any special notes:

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

☐ I plan to attend (adult name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_

☐ I authorize my Scout to be transported by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Received on For Rhodes-France Rifle Shooting Feb 20, 2021 $10/Scout

­­­\_\_\_\_\_\_\_\_\_by\_\_\_\_ Total due \_\_\_\_\_\_\_\_ Paid by \_ check # \_\_ cash \_\_ scout account

Info for Troop Treasurer