**Troop 216**

**Camp Illinek Camp Out**

**September 17-19, 2021**

**PLACE:** Camp Illinek 6610 Iron Bridge Rd, Chatham, IL 62629 Site: Indian Village

**DEPART:** Fri. Sept 17 – Edwardsville First Christian Church parking lot 5:30pm--arrive **5:00-5:10**

**RETURN:** Sun. Sept 19 – Parents pick up at campsite 10:30am OR if permitted to ride with another, pick up at church parking lot; Scout will phone home with expected time. No Scout leaves until dismissed by Senior Patrol or Adult Leader

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

**COST:** $28/scout or adult (includes food & general camping costs)

**WEAR:** Class A for transportation to/from is MANDATORY, Class B for camp activities that can include kayaking/canoeing/fishing. Bring camping and personal gear, weather-appropriate clothing & MASK

**CONTACT:** Mark Mason 302.256.8597

**PLEASE bring this permission slip & payment to Ms. Bishopp or Ms. Gill**

**NO LATER THAN 7:30 PM on Monday Sept 13**

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

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

My scout may be driven by ☐ any driver ☐ name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| FOR ACTIVITIES CHAIR:  Rec’d on \_\_\_\_\_\_\_\_  MB DG | SEPT 17-19 2021 Camp Illinek Campout $28   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Amount | Cash | Check # | Scout Account | Notes |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |