**Troop 216**

**2021 Piasa Bird/Cahokia Mounds Fall Rendezvous**

**October 1-3, 2021**

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| **PLACE:** | Camp Warren Levis, 5500 Boy Scout Lane, Godfrey, IL 62035 |
| **DEPART:** | Friday, October 1 – 5:30 pm from First Christian Church Edwardsville parking lot. Please arrive 5:00-5:15pm to check-in and load gear.  |
| **RETURN:** | Sunday, October 3 – First Christian Church Edwardsville parking lot; no Scout should leave until dismissed by Senior Patrol Leader or Adult Leader. |
| **FOOD:** | Eat dinner on own before departure. Troop provides Friday night snack, Saturday meals, Sunday breakfast. |
| **COST:** | $35.00/scout or adult for camping *with* Rendezvous activities.$25.00/scout or adult if camping only.Scouts may bring additional money to cover costs of trading post items, souvenirs, etc. |
| **WEAR:** | Class A for transportation to and from is mandatory! Class B for activities and weather appropriate clothing for camping. |
| **CONTACTS:** | Albert Middeke 314-809-3267Ranger Station Phone: 618-567-4407, Ranger: Jim Goeken |

**PLEASE return permission slip & payment to Ms Bishopp or Mrs Gill**

**by 7:30 PM on Monday, September 27, 2021**

**---------------------------------------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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Scout – with activities or ☐ Scout – camping only // ☐ Own tent ☐ Troop tent needed

☐ Adult – with activities or ☐ Adult – camping only // ☐ Own tent ☐ Troop tent needed

 Indicate plan here ↓ if alternate arrival/departure

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

☐ Please transfer from my Scout’s account to cover this activity

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| FOR ACTIVITIES CHAIR:  Rec’d on \_\_\_\_\_\_\_\_\_\_\_\_By DG MB | October 1-3, 2021 Spring Camporee – Camp Warren Levis - $35 / $25

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| Amount | Cash | Check # | Scout Account | Notes |  |
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