**Troop 216**

**Camp Warren Levis Haunted Hayride Camp Out**

**October 23-24, 2021**

**PLACE:** Camp Warren Levis 5500 Boy Scout Lane Godfrey, IL 62035 Site: TBD

**DEPART:** Sat. Oct 23 – Edwardsville First Christian Church parking lot 1:00pm--**arrive 12:30pm**

**RETURN:** Sun. Oct 24 – 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 lunch on own before departure. Troop provides Sat. evening meal and Sun. breakfast

**COST:** $15/scout or adult (includes food & general camping costs)

**WEAR:** Class A for transportation to/from is MANDATORY, Class B for camp activities. Bring costume, camping/personal gear, weather-appropriate clothing & MASK

**CONTACT:** Mark Mason 302.256.8597

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

**upon arrival at the 7:00 PM Monday October 18 meeting**

**---------------------------------------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 | OCT 23-24 2021 Camp Warren Levis Haunted Campout $15   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Amount | Cash | Check # | Scout Account | Notes |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |