**Troop 216**

**Marengo Cave Overnight Adventure**

**March 5-6, 2022**

**PLACE:** Marengo Cave US National Landmark, 400 East State Road 64 Marengo, Indiana 47140

 812/365-2705 marengocave.com

**DEPART:** Sat. Mar 5 – 7:00am from First Christian Church Edwardsville, arrive 10 mins prior to check in/load up

**RETURN:** Sun. Mar 6 – noonish at First Christian Church Edwardsville. Scout will contact parents with anticipated arrival time; no Scout should leave until dismissed by Senior Patrol Leader or Adult Leader

**FOOD:**   Eat breakfast on own before departure. Will stop for Subway lunch on the road. Saturday evening meal and Sunday breakfast are included with cave cost

**COST:** $75.00/participant. Also bring money for Saturday lunch stop (or bring sack lunch) and optional souvenirs

**WEAR:** Class A for transportation to and from (mandatory!); Class B for activities-- see below \*MASK required\*

IMPORTANT -- WEAR that day old boots or high-top tennis shoes and sturdy layered clothing suitable for 52° wild caving (old jeans with underlayer bottoms, long sleeve shirt with sweatshirt, cold weather socks). BRING a trash bag for wet muddy clothes, complete change of warm clothes including dry socks and shoes, sleeping bag, toothbrush/paste, and shower supplies including soap/towel/washcloth. Recommended: a small pillow, small flashlight, knee pads, and gloves.

Cave will provide a high-grade foam mat for sleeping and a helmet with headlamp

**EMERGENCY CONTACTS:** Mark Mason 302/256-8597 Gary Gill: 618/616-6769

**PLEASE return to Ms Bishopp or Gill before 7:30pm Monday, February 28:**

 **1) the signed waiver 2) this permission slip with payment**

**---------------------------------------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 any pertinent medical information:

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

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

SIGNATURE:

\_\_\_\_\_\_    I plan to attend/stay overnight (adult name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and can transport\_\_\_\_\_\_ scouts

\_\_\_\_\_\_ My Scout is allowed to ride with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_    Please transfer funds from my Scout’s account to cover fees for this activity

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FOR TROOP TREASURER:  Rec’d\_\_\_\_\_\_\_\_\_\_(date) by DG\_\_\_MB\_\_\_\_ |  Marengo Cave Overnight Mar 5-6, 2022 $75/scout or adult

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

 |