**Troop 216**

**Beaver Dam Campout/Eagle Crest Adventure High Ropes**

**April 1-3, 2022**

**CAMP:** Beaver Dam State Park 14548 Beaver Dam Lane Plainview IL 62685 (217)854.8020 Site: Beavers Den

**ROPES:** Eagle Crest Barn,Lake Williamson Christian Center, 17280 Lakeside Drive Carlinville IL 62626

**PLAN:** Camping on Friday April 1 – depart 5:30pm from First Christian Church. Please arrive 5-5:10pm

 Optional High Ropes course on Saturday April 2 – 9am to noon, arrive 8:45am at Eagle Crest Barn

Conclude campingSunday April 3 – return to First Christian Church Edwardsville. Scouts will contact parents with anticipated arrival time; no scout leaves until dismissed by Senior Patrol or Adult Leader

**FOOD:**          Eat on own before departure. Troop provides Friday night snack, Saturday meals, Sunday breakfast

**COSTS:** Beaver Dam camping = $20/ Scout or adult High Ropes Course = $30/ Scout or adult

**WEAR:** Class A for transportation to and from is mandatory! Class B for activities and weather appropriate clothing for camping. High Ropes course requires closed-toe shoes and at least mid-thigh shorts, but strongly recommends jeans. No sandals, flip flops, tank tops or shorter shorts

**EMERGENCY CONTACT:** Mark Mason 302 256-8597

**NOTE: Eagle Crest Adventures requires their own waiver/release form, see email attachment**

**Turn in permission slip, the signed waiver, & payment anytime to**

**Ms. Bishopp or Gill but no later than the start of meeting on Monday, Mar 28**

**---------------------------------------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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Please indicate if Scout is ☐ camping ☐ high ropes

 Adult is ☐ camping ☐ high ropes

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

☐ I plan to attend/stay overnight (adult name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Indicate plan here ↓ if alternate arrival/departure

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

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

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| FOR ACTIVITIES CHAIR:  Rec’d on \_\_\_\_\_\_\_\_By DG MB | April 1-3, 2022 Beaver Dam Campout $20 / High Ropes $30

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