**Troop 216**

**Rendezvous**

**September 30 – October 2**

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| **PLACE:**  | Camp Warren Levis, 5500 Boy Scout Lane, Godfrey, IL 62035 |
| **DEPART:** | Friday 9/30 at 5:30 pm from First Christian Church Edwardsville parking lot. Please arrive 5:00-5:15 pm to check-in and load gear. |
| **RETURN:** | Sunday 10/2 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. |
| **COST:** | $28 per Scout/adult. |
| **WEAR:** | Class A for transportation to and from camp (mandatory); Class B (BSA or plain t-shirts) for other activities. |
| **CONTACTS:** | Mark Mason 302-256-8597 | Mike O’Koniewski 618-307-5606 |

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

**by 7:30 PM on Monday, September 26**

**---------------------------------------Submit bottom portion with payment --------------------------------------**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent’s name) give permission for my Scout, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (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 – camping or ☐ Scout – Saturday only

☐ Adult – camping or ☐ Adult – Saturday only

 Indicate plan here ↓ if alternative 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 CG MB | 9/30-10/2 Rendezvous $28

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