

PERMISSION FOR SCOUT ACTIVITY
Northwest Suburban Council, Boy Scouts of America
600 North Wheeling Road, Mount Prospect, IL 60056

Troop 34 is planning the following activity:

What: Campout at Warren Dunes State Park in Michigan

When:

Friday, March 17, 2006 to Sunday, March 19, 2006 (morning). We will meet at **6:00 p.m.** Friday at Thomas Middle School and leave by **6:30 p.m. SHARP.** We will return to Mr. Fischer's house in the late morning on Sunday. Mr. Fischer lives at 1645 N. Evergreen (between Maude and Lillian on the east side of the street). Please be available to be contacted by phone in the event that the return time or location changes for any reason.

Where:

Warren Dunes State Park
12032 Red Arrow Highway
Sawyer MI 49125
Phone Number: (269) 426-4013
<http://www.michigandnr.com/parksandtrails/ParksandTrailsInfo.aspx?id=504>

Directions to Outing:

See pdf file on Troop website

Other Information

Fees

The fee for this outing is \$30 per person. ***PLEASE BRING CASH.*** If you are interested in attending, please send an email to Mark Ziegenhorn (mtzhome@comcast.net) as soon as possible. Questions: contact Dave Marion, Scoutmaster of Troop 34 – cell 847-363-8870; email: procoat8870@yahoo.com or dlbmarion@sbcglobal.net or Mark Ziegenhorn, Asst. Scoutmaster – cell 847-636-8552.

Detach here and retain this page.

SIGNATURE PAGE – PLEASE COMPLETE AND RETURN TO MARK ZIEGENHORN

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My son, _____, has my permission to go with Troop 34 on the event described on this page.

I (We) _____, _____ (name of Adult leaders, Parents or Guardians) will be attending this outing also and agree to the following provisions:

IN CONSIDERATION OF THE SERVICES DONATED BY OTHERS, I WILL HOLD FREE FROM LIABILITY IN CASE OF ACCIDENT OR ILLNESS THE NORTHWEST SUBURBAN COUNCIL OF BOY SCOUTS, TROOP 34, AND ITS LEADERS. I AM FAMILIAR WITH THE DETAIL OF THE ACTIVITY, AND HAVE PROVIDED MY SON WITH THE NECESSARY FUNDS AND EQUIPMENT. I WILL BE SURE THAT HE DOES NOT ATTEND IF HE IS NOT IN PROPER HEALTH AND CONDITION ON THAT DAY. HE MAY RECEIVE EMERGENCY MEDICAL ATTENTION AT MY EXPENSE AND WITHOUT FURTHER AUTHORIZATION SHOULD HE BECOME ILL OR INJURED ON THE OUTING.

During the activity, I may be reached at _____.
(phone)

If I cannot be reached, please contact _____, at _____.
(name & relationship) (phone)

(Date) Signed (parent or guardian)

Please be sure to supply phone numbers that you or your designated person can be reached at all times. Since we may need to reach you to notify you of a cancellation or emergency please do not supply only a business or cell phone that is not accessible at all times.

Total paid \$ _____ (Cash _____ Check _____ "Scout Bucks" _____)

Parents and/or Scouts – RETURN THIS SIGNATURE PAGE by Monday, February 27, 2006