

PARENT'S PERMISSION FOR SCOUT ACTIVITY

Northwest Suburban Council, Boy Scouts of America
600 N. Wheeling Road, Mount Prospect, IL. 60056

Troop 34 is planning the following activity:

What: Summer Camp at Napowan Adventure Base, Wildrose, Wisconsin

When: Sunday July 2 through Saturday July 8, 2006

Where: Camp Napowan, Wild Rose, Wisconsin

We will meet at **7:30 am** and leave at **8:00 am** from **Thomas Junior High School** and will return to **Thomas Junior High School** by mid-afternoon on Saturday.

The camping fee is: \$230.00 per person (if paid by April 19th), the last minute fee is \$260. Refer to camp information packet for recommendations on spending money for the week depending on planned activities. We will stop for fast food lunch on the way up and again on the way home. An additional fee will be required for gas; we will let the scouts know the amount in May.

If you want to contact your son while he is away, call (920)622-3680. **(This is really for EMERGENCIES ONLY.)**

Mail may be sent to

Scout's Name Troop 34 - Cheyenne Campsite Napowan Adventure Base N4789 24 th Avenue Wild Rose, WI 54984
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please send mail EARLY Mail is greatly appreciated on the first few days at camp - Tues. or Wed.

If you want a phone call from your son during the week, ask an adult volunteer to coordinate a call from the pay phone.

Comments: **BSA uniform is required while traveling. However, a swimsuit must be worn underneath uniform on trip to camp. We take swim test on arrival July 2. If you have any questions on required clothing or equipment, please contact a scoutmaster, or Suzanne Cohodes (847 394-4632).**



-----Detach and return lower half with your signature by the **April 17th Troop Meeting** -----



My son, _____ has my permission to go with Troop 34 to Summer Camp at Napowan Adventure Base on July 2th through July 8th, 2006.

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 details of the activity, and will provide 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) (cell phone)

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

Date _____ Signed _____
(parent or guardian)

I understand that BSA Insurance requires Troop 34 to travel to camp as a UNIT. We also travel as a group to facilitate check-in. If you volunteer to drive, please meet the Troop at Thomas Junior High School.

PARENT VOLUNTEERS ARE WELCOME AND NEEDED!

	Yes	Number of Seats	Sorry, Can Not Drive
I can drive July 2			
I can drive July 8			

PLEASE CIRCLE THE DATES YOU ARE PLANNING TO ATTEND CAMP TO SUPERVISE. Sorry, no siblings allowed. ADULT SUPERVISORS MUST TURN IN A COMPLETED HEALTH FORM by June 7th TO ATTEND.

Sun. Jul 2	Mon. Jul 3	Tues. Jul 4	Wed. Jul 5	Thurs. Jul 6	Fri. Jul 7	Sat. Jul 8
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