



TROOP 524 ACTIVITY INFORMATION

Activity Name: _____ Non-Refundable Fee: \$ _____ (to be determined by the Adult Leader)

Depart From: _____ Date: _____ Approx. Time: _____

Return to: _____ Date: _____ Approx. Time: _____

Necessary equipment (in addition to the standard camping equipment and cold weather gear):

The cost of food / camping fee will be: \$ _____

Uniform Required: **Class A for travel, meals, and church and Class B for all other activities.**

Adult Activity Leader: _____ Cell/Home Phone: _____

Boy Scout Activity Leader: _____ Cell/Home Phone: _____

Complete and detach this permission slip

Turn permission slip into the Scout In Charge:

Date Due In:

Activity Name: _____ Scout Fee: \$ _____

Adult Fee: \$ _____

Total Owed: \$ _____

I certify that (Scout's Name) _____ has my permission to attend the above named activity. I understand that accidents do happen. In the event of an emergency I hereby give my permission to the physician selected by the adult leader in charge to provide any necessary medical care. A class 1 (signed by parent) or Class 2 (signed by physician) physical is on record and current.

Special Considerations/restrictions: _____

Payment Options:

- Please take the activity fee from the Scout's account.
- Attached is a check for the total amount of the activity fee.

Transportation Options:

- I cannot drive and my son will need a ride
- I can drive if I am needed and will not be staying. My largest safe vehicle holds _____ people. My cell phone number is: (____) _____
- I want to drive and stay my largest safe vehicle hold _____ people. My cell phone number is: (____) _____
- In order to drive, I have filled out the Vehicle Insurance Form and turned it in. (Available on Troop Forms Page of the website. (Please Print)

Pre-Camp Requirements:

- My Scout and I have read, signed and turned in the Troop 524 Code of Conduct. (Available on the Troop Forms Page of the website. Please Print)

Parent's Signature: _____ Date: _____