

Summer Camp
BOY SCOUT TROOP 31 PERMISSION SLIP

WHEN:	Sunday July 10 th To Saturday July 16 th , 2011
WHERE:	Camp Freeland Leslie 105 Fawn Drive, Oxford, WI - 608.586.4312 http://www.freelandleslie.com/
COST:	\$287.00 March 28 - \$50.00 non refundable deposit April 25 - \$118.50 May 23 - \$118.50
MEETING PLACE / TIME:	YMCA , 61 Franklin Street, Oswego, IL We will leave promptly at 7:30 am Sunday morning You MUST wear your Class A shirt (no neckerchief or slide)
PICKUP PLACE / TIME:	YMCA , 61 Franklin Street, Oswego, IL Pickup is SCHEDULED around 1pm (weather and traffic may cause changes). Please be sure to stay by your phone as you will be called if the time changes.
EMERGENCY CONTACT:	George Webber: 1-708-373-4878 / Bill Doody: 1-630-841-6923 Dave Brennan: 1-630-330-5760 / Bob Frantic: 1-630-546-7245
IMPORTANT SPECIAL INSTRUCTIONS	This is a seven day six night event. Proper clothing and equipment must be brought with you. See the 'Safety First Camping Checklist' on the Troop 31 website for more information. Be sure to pack enough clothes.

IMPORTANT FOR THIS CAMPOUT: Scouts MUST bring a sack lunch for Sunday because the Troop does not plan a Sunday lunch. In addition, a mess kit that includes a plate, bowl, drinking cup and utensils must be brought. The Troop does not provide these. Lastly, proper footwear, boots (not gym shoes or open toed shoes), should be worn at all times to prevent injury to the feet.

WHAT NOT TO BRING: No Electronic Gear (i.e. Cell Phones, I-Pod's, D/S, etc...). These will be confiscated and returned at the end of the campout.

Please remember that our Troop has a No Tolerance policy for misbehavior! If your son has to be disciplined, you or your contact will be called and told to come pick him up immediately.

Paid Amount: \$ _____ Cash/Ck/SA Date _____ / _____ / _____ Initials: _____

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**RETURN THIS PORTION WITH THE \$50.00 DEPOSIT TO MR. BRENNAN
NO LATER THAN MONDAY, March 28, 2011**

I give permission for my son, _____, to participate in the Boy Scout Troop outing on **July 10 – July 16, 2011 in Oxford, Wisconsin**. I also give permission to the Scoutmaster or Assistant Scoutmasters, acting in loco parentis, to obtain emergency medical treatment for my son.

Signed _____ Date _____ Phone: _____

In case of an emergency, please provide two contacts in case one is not available:

Name: _____ Phone: _____ Phone: _____

Name: _____ Phone: _____ Phone: _____

Paid Amount: \$ _____ Cash/Ck/SA Date _____ / _____ / _____ Initials: _____