

**BOY SCOUT TROOP 31 PERMISSION SLIP**  
**August 5-7, 2011 METHOREE CAMPOUT**

<b>WHEN:</b>	August 5-7, 2011
<b>WHERE:</b>	Camp Reynoldswood, Dixon, IL
<b>COST:</b>	\$10.00 per person.
<b>MEETING PLACE:</b>	Oswego Presbyterian Church, Route 25, Oswego, IL We will leave <b>promptly</b> at 5:30 pm Friday night. Scout must wear his Class A shirt.
<b>PICKUP PLACE:</b>	Oswego Senior Center/YMCA, 61 Franklin St., Oswego around 11:00 a.m. Scout will call if running late.
<b>ACTIVITIES INCLUDE:</b>	Archery, canoeing, fishing, swimming, basketball, volleyball and crafts. There will be a short program on religious awards. There is also a church service.
<b>EMERGENCY #</b>	George Webber Cell (708) 373-4878

**IMPORTANT FOR ALL CAMPOUTS: Scouts MUST bring a sack dinner for Friday night because the Troop does not plan a Friday dinner. In addition, a drinking cup is necessary. Lastly, boots, should be worn at all times to prevent injury to the feet.**

*Please remember that our Troop has a No Tolerance policy for misbehavior. If you 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 MONEY TO MR. BRENNAN  
NO LATER THAN JULY 25, 2011**

I give permission for my son, \_\_\_\_\_, to participate in the Boy Scout Troop 31 Methoree Campout August 5-7, 2011. 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Scout's Patrol Name: \_\_\_\_\_