

Rifle/Shotgun Campout

Friday, March 30 – Sunday, April 1 at Shewchuk Farm in Celina, TX

Complete the bottom portion and return with your check no later than Monday, March 26th.

What: Work on your Rifle and/or Shotgun Merit Badge(s).

When: Friday meet at Scout storage building at 6:00 pm to load trailer for a 6:30 pm departure (eat dinner prior to or bring with you). We will arrive back the Scout storage building about 2:30 pm on Sunday.

Tour leader: Paul Johnston, 4222 Myerwood Lane, 972-661-1893 (fox1jp@flash.net). Please call with any questions.

Special Equipment/Clothing Required: Ear plugs and eye protection if you have your own. Rain gear!, Water Bottles!, Clothes Layers! – might be cold or not. Remember, scouts must wear their Class “A” uniform when traveling to and from campouts. ALL SCOUTS BRING A WATER BOTTLE.

Cost: \$40, this includes Cracker Barrel (Friday & Saturday), breakfast, lunch, dinner, breakfast, lunch and a contribution towards your ammunition costs. Adults participating but not shooting = Cost: \$15.00. Make checks payable to BSA Troop 124 and return with **Permission Slip and NOTORIZED LIABILITY WAIVER.**

WE NEED LOTS OF ADULT HELP ON THIS CAMPOUT. WE MUST HAVE A ONE TO TWO RATIO ON THE RIFLE RANGE AND THREE ADULTS FOR THE SHOTGUN RANGE.

KEEP TOP PORTION FOR YOUR INFORMATION, RETURN BOTTOM PORTION, NOTORIZED LIABILITY WAIVER AND YOUR CHECK TO: TOM CLARK

My son, _____, has permission to participate in the Troop 124 camping trip to the Shewchuk Farm/Celina, TX, 3/30/07 – 4/1/07.

I, _____, will be able to accompany the troop on this campout.

IF YES, I HAVE _____ SEATBELTS AVAILABLE FOR PASSENGERS!!

Please find attached our check for \$_____.

MEDICAL WAIVER

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached, or the situation requires immediate action, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment which may include hospitalization, anesthesia, surgery, or injections of medication for my son.

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

Address: _____ City: _____ Zip: _____

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

Name: _____, Phone: _____

Address: _____ Relation to participant: _____

Doctors Name: _____ Phone: _____

Additional Remarks: _____

Parent/Guardian Signature: _____