

# Military Campout/ Fort Sill, OK

Friday, December 8 – Sunday, December 10, 2006

Please complete the bottom portion and return no later than Monday, December 4, 2006.

**What:** Visit to Fort Sill, OK.

**When:** Friday meet at the Church parking lot at 5:30 PM to load for a quick departure. Please eat before you meet at the Church. We will arrive back at the Church about 3:00 PM on Sunday. The Scouts will call in route.

**Tour leader:** Phil John, 214-358-2777 H, 972-231-4550 W or 214-728-8244 C. Please call with any questions.

**Equipment/Clothing Required:** We will be staying in Building #1603. Each Scout will be in a room with two other Scouts. They will have shared showers and restrooms. These have shower and toilet stalls with doors on each one. Adults will be in their own rooms with adjoining restrooms. Each person will need a sleeping bag, pillow, towel, change of cloths and personal hygiene items. You will be walking so bring comfortable shoes. **Remember, scouts must wear their Class "A" uniform at all times on this campout except in you living areas or at physical training. (Real Class A).** It is your ID Card! Each person should bring a water bottle. Watch the weather for needed coats and raingear.

**Cost:** Each person will pay for there own meals at the Dinning Hall. Scouts cost is \$9.50 and Adults will be \$11.00 total for all meals. Each Scout and Adult should have spending money for a stop going, returning, bowling and any type of item they may purchase for themselves. **My best guess is \$40.00 total for the trip.** We will have a tour given by the Fort Historian and we are working on getting tours of equipment and high tech combat training simulators. We will do bowling for sure.

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KEEP TOP PORTION FOR INFORMATION, RETURN BOTTOM PORTION TO PHIL JOHN.

My son, \_\_\_\_\_, has permission to participate in the Troop 124 camping trip to Fort Sill, OK 12/8/06-12/10/06.

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

**If YES, I have \_\_\_\_\_ seatbelts available for passengers.**

## 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: \_\_\_\_\_