

Caving Campout Friday, 1/ 26 – Sunday, 1/ 28, 2007

Colorado Bend State Park (west of Lampasas...209 miles from Good Shepherd)

www.tpwd.state.tx.us/park/colorado/

Cave Tours: Saturday and Sunday at 9: 30 a.m. This guided tour lasts approximately 3 hours. Each tour is limited to ten people. We have reserved spaces for both days. (Cave tour has a \$15 fee.)

Gorman Falls Tours: Colorado Bend State Park has some beautiful, 60-foot waterfalls and guided hikes are available morning and afternoon on Saturday and Sunday so you will have the opportunity to tour both the caves and the water falls.

Other Activities: Colorado Bend State Park has 15.8 miles of hiking trails and 14 miles of mountain bike trails. Fishing can be excellent depending on the time of year.

Campsite: Live Oak Group Camp Area. Site holds up to 24 people with large fire ring, picnic tables, and lantern holders. Vehicle parking at the campsite. Potable water and chemical toilets are available in the area. Area is approximately 150 yards from the river.

Schedule: *Thursday, January 25th, bring your tent & backpack to GSES bet. 5:00-& 6:00 p.m.* Friday, January 26th. Depart Good Shepherd parking lot at 4:30 p.m. for Colorado Bend State Park (bring brown bag dinner or money). Campfire and dessert upon arrival. Return to GSES approx. 430 p.m. Sunday, January 28.

Cost: \$25.00 (plus \$15.00 for those going caving). **Additional medical form required for caving, see Troop website (www.dallastroop124.org).**

KEEP TOP PORTION FOR INFORMATION, RETURN THIS PORTION WITH YOUR CHECK TO CHIP BENSING, TREASURER

My son, _____, has permission to participate in the Troop 124 caving campout at Colorado Bend State Park, Bend, Texas on January 26 – 28, 2007.

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 \$_____. (\$25.00 for camping / \$40.00 for camping and caving)

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: _____

Doctor's Name: _____ Phone: _____

Additional Remarks: _____

Parent/Guardian Signature: _____