

Canoeing Campout: May 25, Friday- Sunday, May 27

What: Canoe Campout on the Beaver Bend River.

When: Meet at Good Shepherd, the Container, at 4:45 p.m. leaving promptly at 5:15 on Friday, April 16. Bring a sack lunch for dinner or eat before you come. We will be camping Friday night @ the river. We will arrive back at Good Shepherd early afternoon on Sunday.

Tour leader: **Bruce Noller**, 972-392-4547 or **Jack Solari**, 972-458-1356. Please call with any questions.

Special Equipment/Clothing Required: (1) dry pack- can use heavy duty plastic bags or dry bags. (2) Tent – buddy up if you like, this will require less space and will require less time for setup and takedown. (3) Rope or string to tie your personal gear in the canoe. (4) Water shoes or tennis shoes. (5) Fishing gear (6) hat, sun screen and bug spray. (7) PFD’s (life jackets) will be provided by canoe outfitter, however, you may bring your own personal flotation devices if you so choose (life jackets not ski belts).

NOTE: PACK LIGHT AND DRY – THERE WILL BE PLACES THAT YOU WILL HAVE TO PULL YOUR CANOE THROUGH THE SHALLOWS. MANY WILL HAVE NOT ONLY THEIR GEAR BUT ALSO TROOP GEAR. Be mindful of weather conditions and dress appropriately.

Remember, Scouts must wear their Class “A” uniform when traveling to and from campouts.

Cost: \$45, this includes breakfast, lunches, dinner and canoes. Bring money for small stuff. \$10.00 should work. Make checks payable to BSA Troop 124 and return with Permission Slip on Monday, by May 14, or before.

KEEP TOP PORTION FOR INFORMATION, RETURN BOTTOM PORTION WITH YOUR CHECK to Chip Bensing, TREASURER

My son, _____, has permission to participate in the Troop 124 canoe camping trip on the Beaver Bend River, 5/25-5/27

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: _____