

Troop 124 Family Campout - October 27, 28, 29 2006
Lake Mineral Wells State Park

This campout is open to all family members, and includes a Court Of Honor.

Other Activities: 50 Mile Bike Ride (Shorter Version Available Also)

Rock Climbing (Instructors and Equipment Provided) (Fee) Fishing, Hiking, Orienteering, Games

Screen Shelters Are Available

Bring your own Fri. Dinner - All meals provided on Sat. - Breakfast and Lunch provided on Sun.

All cooking is done by adults - this campout has the best food of the year!

Camping and Meals - \$25 per person for the weekend.

Screen Shelter - \$25 per night - reserve in advance.

Questions or want to reserve a shelter?: Ben McCall 214 675-1978 ben2@exteriorshutter.com

We must have your campout reservation no later than 10/23.

Lake Mineral Wells State Park and Trailway is located 4 miles east of Mineral Wells on US Highway 180
or 14 miles west of Weatherford on US Highway 180.

Camp Web Site: http://www.tpwd.state.tx.us/spdest/findadest/parks/lake_mineral_wells/

Meet at the container at 5:30 PM

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 Family Campout at
Lake Mineral Wells State Park, October 27,28,29 2006.

I, _____, will be able to accompany the troop on this campout with
_____ additional family members. If YES, I have _____ seatbelts available for additional passengers.

Please find attached our check for \$_____ \$25 per person, plus \$30 per night for shelter if reserved.

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 medications 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: _____