

**Boating Campout
August 15-17, 2008
Lake Texoma**

Where: Sheppard Air Force Base Recreation Annex

Cost: \$30.00 per person without boat rental added in. Boat rental could add \$15.00 per person.

What we will be doing: Motor Boating, Water Skiing and Canoeing Merit Badges.

What to bring: All your camping gear. Tent, Sleeping bag, Ground pad, Mess Kit, Swimming Gear, Water shoes, Personnel Items, Towels, Sun Screen, Hat, and Water Bottles. **YOU WILL BE CAMPING AND COOKING AS PATROLS. SO BE READY!!!!**

Schedule: Be at the Church at 5:30 PM Friday 8/15/08 leave by 6PM if lucky.

Return to the Church after lunch Sunday 8/17/08

Family Cabins: Two have been reserved at this time. If a family would like one please let me know ASAP.

I will see if any are left. They are \$50.00 per night.

How to get there: Map at the Meetings.

Questions: Phil John 214-358-2777 H, 972-231-4550 W, and 214-728-8244 C

If you have a boat please bring it with skis and tubes. The Troop will pay for your GAS! We need boats to ski and tube!!

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 camping trip/Boating trip to Sheppard AFB Annex, TX, 08/15/08 – 08/17/08.

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: _____