

## Troop 124

### Caving Campout 2007/ Longhorn Caverns

Friday, November 9 – Sunday, November 11, 2007

Please complete the bottom portion and return with your check on Friday, November 9. Please be sure to fill out the liability release.

**What:** Longhorn Caverns trip and Hiking/Camping at Canyon of the EAGLES.

**When:** Friday meet at container parking lot at 5:00 PM to load for a quick departure. Please eat before you meet at the container. This is a 3 1/2 to 4 Hour drive. We will arrive back at the container about 3:30 PM on Sunday. The Scouts will call in route to update and ask for pickup.

**Tour leader:** Bill Dalton, 214-538-6949 W. Please call with any questions.

**Special Equipment/Clothing Required:** We will be tent camping, cooking, caving and hiking so you will need all your camping gear to include tent, sleeping bag, sleeping mat and mess kit. You will need your own towels, soap, toothpaste etc. Watch the weather reports to see if you will need raingear and coats to stay warm. You will be walking so bring boots. Remember, scouts must wear their Class "A" uniform when traveling to and from campouts. Each person should bring a water bottle. Campsites can only take 3 tents each, so no single tents allowed. We have room for 24 Scouts and Adults only.

**Cost:** \$30, this includes meals (If we get 24 on trip) Cost per person will go up if we do not have 24. Make checks payable to BSA Troop 124 and return with Permission Slip. Please bring a little extra spending money for your use at the different gift shops and lunch on the way home.

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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 to Longhorn Caverns/Canyon of the Eagles, 11/09/07 – 11/11/07.

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: \_\_\_\_\_