

# **Camporee 2008/ Camp James Ray**

Friday, October 24 – Sunday, October 26, 2008

Please complete the bottom portion and return with your check on Friday, October 17. Please be sure to fill out the liability release.

**What:** North District Fall Webelos Camporee 2008.

**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. We will arrive back at the container about 1:00 PM on Sunday. The Scouts will call in route to update and ask for pickup.

**Tour leader:** Phil John, 214-728-8244 C, or Paul Johnston 214-213-3427 C. Please call with any questions.

**Special Equipment/Clothing Required:** We will be tent camping, cooking and playing games so you will need all your camping gear to include mess kit, tent, sleeping bag, and sleeping mat. 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.

**Cost:** \$30 per person, this includes meals and Registration. Make checks payable to BSA Troop 124 and return with Permission Slip. Please bring a little extra spending money for your use.

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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  
Webelos Camporee, Camp James Ray, 10/24/08 – 10/26/08.

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: \_\_\_\_\_