

TROOP 505 January '11 CAMPOUT REGISTRATION

What: CASCADE MOUNTAIN SKI TRIP AND CAMPOUT AT CFL
Where: Cascade Mountain, Portage Wisconsin. Ph: 1-800-992-2SKI
When: Friday January 21st thru Sunday January 23rd (Skiing on Sat. 22nd Cascade Mountain)

Activities:

- 1 Ski...Ski...and more Skiing
- 2 Snowboarding
- 3 Rentals Included (Skis/Snowboard, Boots, Poles, Helmet) *Helmets are a BSA requirement
- 4 All Meals Included on this Campout!
- 5 Movie Night, Activities Planned at CFL
- 6 Cabin Camping at CFL (you may Tent Camp as well...see Mr. Claeys)

Arrival: 5:30 P.M. Friday, January 21st Drop off Scouts at PNC Bank parking lot on Gartner, be prompt.
Load-up: 5:45 P.M. - We need your help to load up and get out on time.
Departure: 6:00 P.M. sharp!
Return: Around 12:30 PM on Sunday January 23rd , we will arrive at PNC Bank parking lot.

Fees: *\$85 per Scout/Adult. Please make check payable to Troop 505 & submit with form.*
*****Lessons: \$10.00 extra and we will sign them up with fellow Scouts*

Forms & Fees need to be in at the January 10th meeting!!!

General Notes:

- Forms need to be turned in by Monday January 10th
- Be prompt to drop off your Scout(s). (Drop off at PNC Bank parking lot)

Specific Notes:

- If you are running late & it is nearing departure, call Brian May (630-429-1143).
- You may be asked to drive if your Scout attends and we are running short on drivers.
- Direct questions to event Assistant Scoutmaster Brian May (630-429-1143).
- Emergency contact person for this Outing is Brian May (630-429-1143).
- Planning to leave early or arriving late, you must notify Mark Wilson (630-854-3352) one week prior.

=====

CUT AND RETURN BOTTOM PORTION WITH PAYMENT

Scout's Name: _____ **Phone Number:** _____

Patrol Name: _____ **Cell Phone:** _____

Parent will drive to Y / N, and/or from Y / N (If Yes) Name: _____

*******Sleep in tent???******* _____ Y or _____ N

Special Transportation needs: Arrive Late? _____, **Leave Early?** _____, **Or Other?** _____

Explain: _____

Food allergies or restrictions? _____, **Explain:** _____

Will your Scout be taking prescription medicine during this outing? Yes ____ **No** ____

If yes, name of medication(s): _____

(Epi Pens & Inhalers as listed on Class I's are to be on Scouts' person at all times.)

Parent/Guardian Signature: _____ **Date:** _____

CASCADE MOUNTAIN RESORT JANUARY 2011