

# TROOP 505 February '2012 CAMPOUT REGISTRATION

What: TOBOGGANING @ POKAGON STATE PARK IN INDIANA, CABINS AT CAMP FRONTIER

Where: Pokagon State Park, Angola, IN. - Camp Frontier, Pioneer, OH.

When: Friday February 18<sup>th</sup> thru Sunday February 20<sup>th</sup>

Activities:

- 1 Toboggan down the quarter mile track reaching speeds up to 40 MPH
- 2 Grab a hot chocolate or snacks at the warming shed (extra \$\$\$ required)
- 3 Movies and board games at the cabins (No electronics)
- 4 Troop cooking all weekend

Arrival: 5:30 P.M. Friday, February 18<sup>th</sup> 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: After 1:00 pm on Sunday February 20<sup>th</sup>, we will arrive at PNC Bank parking lot.

Fees: \$50 per Scout/Adult. Please make check payable to Troop 505 & submit with form.

## Forms & Fees need to be in at the February 6<sup>th</sup> meeting!!!

General Notes:

- Forms need to be turned in by Monday February 6<sup>th</sup>
- 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 \_\_\_\_\_ (\_\_\_\_\_).
- You may be asked to drive if your Scout attends and we are running short on drivers.
- Direct questions to event Assistant Scoutmaster \_\_\_\_\_ (\_\_\_\_\_).
- Emergency contact person for this Outing is \_\_\_\_\_ (\_\_\_\_\_).
- Planning to leave early or arriving late, you must notify Mark Wilson ( 630-854-3352 ) one week prior.

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CUT AND RETURN BOTTOM PORTION WITH PAYMENT

Scout's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Patrol Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent camping? Y / N Parent will drive to Y / N, and/or from Y / N Cell (driver) \_\_\_\_\_

Vehicle Driving – Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ # Seat Belts \_\_\_\_\_

Special Transportation needs: Arrive Late? \_\_\_\_\_, Leave Early? \_\_\_\_\_, Or Other? \_\_\_\_\_

Explain: \_\_\_\_\_

Food allergies or restrictions? \_\_\_\_\_, Explain: \_\_\_\_\_

Will your Scout be taking prescription medicine during this Camp out? 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.)

Use Escrow Account Y / N \$ \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TOBOGGANING POKAGON STATE PARK FEBRUARY 17<sup>TH</sup> – 19<sup>TH</sup> 2012