

Church Field- Baltimore Science Center

BSA Troop 617 - Permission Slip

Location: Church Field-Baltimore Science Center Camp-Out

Departure: Christ Episcopal Church, Lower level September 30, 2016 5:45pm

Cost: \$25.00

Return: Christ Episcopal Church, Lower Level October 1, 2016 9:00pm (estimated)

The troop will campout on Friday night. The trip to the Science Center will take place Saturday during the day. There is a possibility that we might have Cub Scouts as invited guests on Saturday.

Things to Consider:

Scouts should be sensitive to a scheduled memorial to take place Saturday at our host church, the Christ Episcopal Church from about 2-5pm Saturday.

Scouts will need money for lunch, snacks and/or gifts during the Science Center part of this campout.

Scouts should prepare Cracker Barrel Friday evening, Breakfast and Dinner Saturday. Lunch will be at the scouts' expense in Baltimore at or around the Inner Harbor close to the Science Center.

Part A & B of the Scout Medical Form must be on file with Troop to participate

All payments are non-refundable

Scout must pass an equipment inspection and be qualified to participate

-----Cut Here --- return lower half with payment -----

Church Field- Baltimore Science Center Sept 30-Oct 1, 2016

Return by: 15-Sept-2016

Return to: Larry Levy, stephdan@comcast.net or Kevin Crawford, krcrawford@copper.net

Informed Consent Agreement

I understand that participation in the above indicated scouting event offered through Troop 617, Columbia, National Pike District, Baltimore Area Council, Boy Scouts of America during the above indicated date(s) involves a certain degree of risk. I have carefully considered the risk involved and have given my son my consent to participate in these activities. I also agree to accept financial responsibility for any loss or damage to property that may be caused by my scout.

	Form of Payment:		
Scout Name:	Cash \$ _____	Check \$ _____	Scout Acct \$ _____
Parent's Name (if attending)	Drive: Y N Trailer: Y N <small>(circle one)</small>	# of Scout seats available	
Medical Insurance Company:	Policy # _____		
This Form must have parents / guardians signatures			
Parent Name:	If unable to reach parent		
Signature:	Emergency Contact Name:		
Phone No.	Phone No:		