



Troop 368
 Algonquin, Illinois
 US Grant Pilgrimage
 Canyon Camp & Galena, Illinois
 April 23rd-April 25, 2010



Every year, approximately 2,000-3,000 scouts gather in Galena, Illinois to celebrate General U.S. Grant, 18th United States President and who lived there immediately prior to the Civil War. The weekend is filled with activities and parades, in addition to the usual camping. This year, we will be camping at Canyon Camp (Scout Camp), which is about 40 minutes away from Galena. We will be departing LOC at 6:00pm on Friday, April 23 and returning at approximately 2:30pm/3:00o on Sunday, April 25, 2007. Families are encouraged to attend and enjoy the beauty of historic Galena, Illinois by visiting ffor the day or stay the weekend in one of the surrounding Bed & Breakfast accommodations. The cost for registration, food, and camping is \$30.00

Scouts are required to have their full Class "A" uniforms for the parade, including neckerchief and MB sash.

Turn in by Monday, April 12th, that will be planning meeting.

(Please tear and return this bottom portion waiver)

(Please Detach)

US Grant Pilgrimage

My son _____ has permission to participate in the event

During this activity, I can be reached at: _____.

If I cannot be reached, in the event of an emergency, the following person is authorized to act on my behalf:

Name: _____ Address: _____

Relationship to boy: _____ Phone: _____

Physician's Name: _____ Phone: _____

Special health considerations: _____

Adults or siblings that will be attending \$30.00 each
 Please print names of attendees _____

- I can drive. My vehicle holds _____ people in total, including the driver
- Please take fee out my son's scout account. (please confirm a positive balance)
- I have attached a Check Cash (Check Number _____)

For any questions, please contact Mr. Torres or Mr. Hamilton

The bearer of this letter has my permission as parent or legal guardian to act on my behalf in an emergency dealing with the health and welfare of my son and to obtain emergency treatment for him by a licensed physician.

Date: _____ Parent/Guardian Signature _____.