



Troop 368
 Algonquin, Illinois
 Activity Permission Slip
 Maquoketa Caves Campout
 Maquoketa, Iowa
 March 19-21, 2010



Troop 368 will be making its annual Cave Overnight on March 19-21, 2010 at Maquoketa Caves State Park near Maquoketa, Iowa. This is always a fun time with over 6 miles of nature trails and dozens of caves, all within a forest setting. We will be leaving Light of Christ precisely at 6:00 pm and returning at approximately 2:00 pm-3:00 pm—will call when we are 30 minutes outside of LOC. It's one of our longer trips, so please plan on arriving at LOC at **5:15 pm**. The cost for this trip is \$35.00

Boys will get dirty and wet! Boys should bring extra sets of clothes, shoes and socks in addition to their normal overnight gear. Boys must also bring helmets and a couple of flashlights to attach to their helmet and jacket in order to navigate the caves

Please return permission slip on March 8, 2010
Trip planning will be on March 8, 2010. If you cannot attend, please let your Patrol leader know so he can count you in the food count

(Please tear and return this bottom portion waiver)

(Please Detach)

Maquoketa Caves Campout

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 \$35.00 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 _____