

# Battle Chefs Campout

16-18 April 2010

Camp Munhacke — Blackhawk Campsite — Uncle Bill Pavilion

**Camp** With dreams of culinary glory, patrols arm themselves with recipes and spatulas, pots and pans, as they battle for the hearts and taste buds of judges and diners. Camp Munhacke is the site of Troop 457's most famous event.

**Camp Address:** 20120 Bartell Rd, Gregory, MI

**Cost** \$30 (Camping - \$2, Driver - \$3, Trailer Puller - \$2, Food - \$23)

Use scout account, cash, or check payable to **Troop 457**

*Scout families are invited to lunch and/or dinner on Saturday. Cost is \$5 per adult per meal; siblings are free*

**Departure** Friday, 16-Apr-2010, 6pm, from the Liberty School south parking lot. Please arrive fifteen minutes before departure.

**Uniform** Class A uniform

Payment and completed permission slip is due **Monday, 5 April 2010**

**Payment:** Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Account Cash Check # \_\_\_\_\_

**Meals:** Adult lunches: \_\_\_\_ Sibling lunches: \_\_\_\_ Adult dinners: \_\_\_\_ Sibling dinners: \_\_\_\_

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## Troop 457 Activity Participation Authorization

In consideration of the benefits to be derived and in view of the fact that the Boy Scouts of America is an educational organization, membership in which is voluntary, and having full confidence that every precaution will be taken to insure the safety and well-being of all participants during the activity noted below, I hereby acknowledge my awareness and grant my permission for my son, or ward, to participate in the activity. I further state that my son is in good health so far as I know, and that he has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my son.

**Activity:** Battle Chefs Campout **Departing:** 16-Apr-2010 **Returning:** 18-Apr-2010

**Participant Name(s):** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Available to drive:** Y N **If yes, number of seat belts:** \_\_\_\_\_

Drivers and trailer pullers are reimbursed for gas expenses per troop policy

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**Payment:** Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Account Cash Check # \_\_\_\_\_

**Meals:** Adult lunches: \_\_\_\_ Sibling lunches: \_\_\_\_ Adult dinners: \_\_\_\_ Sibling dinners: \_\_\_\_