

# Glider Campout

13-15 June 2008

Sandhill Soaring Club

Scouts will have the opportunity to experience soaring, and earn the aviation merit badge. The plane has room for one pilot and one scout per flight. Flights will take place both Friday night and Saturday during the day.

**Camp** Sandhill Soaring Club, Richmond Field, 19935 Doyle Road, Gregory, MI  
48137, 734-498-2075

**Cost** \$47 (Camping - \$5, Food - \$12, prepaid Glider Ride - \$30) OR  
\$17 (Camping - \$5, Food - \$12, NO prepaid Glider Ride but scout may bring  
\$30 for possibility of taking glider ride)  
Use scout account, cash, or check payable to **Troop 457**

**Departure** Friday, 13-June-2008, 6pm, from the Liberty School south parking lot.

**Uniform** Class A uniform

Payment and completed permission slip is due **Monday, 2 June 2008**

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

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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:** Glider Campout                      **Departing:** 13-June-2008    **Returning:** 15-June-2008

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

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

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

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

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