

**Horseback Riding Campout**  
**18-20 November 2011**  
**D-Bar-A Scout Ranch –Migisi Campsite**  
**880 E. Sutton Road, Metamora, Michigan 48455**

**CAMP:** The Troop will be working on the horsemanship merit badge as well as trying their hand at some Olympic sporting events. Horseback riding is weather permitting and is only for 1 hour per each scout.

**COST:** Scouts \$30 (Camping \$3, Riding \$10, Driver \$4, Trailer \$3, Food \$10)  
Adults \$ 20 (Food \$10 Riding \$10)  
Use scout account, cash, or check payable to **Troop 457**

**DEPARTURE:** Friday, 18-Nov-2011, 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 on **Monday, 7 November, 2011**

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

**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:** Horseback Riding Campout

**Departing:** 18-Nov-2011                      **Returning:** 20-Nov-2011

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

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

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