

# Shooting Campout

11-12 April 2008

Tri-County Sportsmen's League (8640 Moon Rd, Saline)

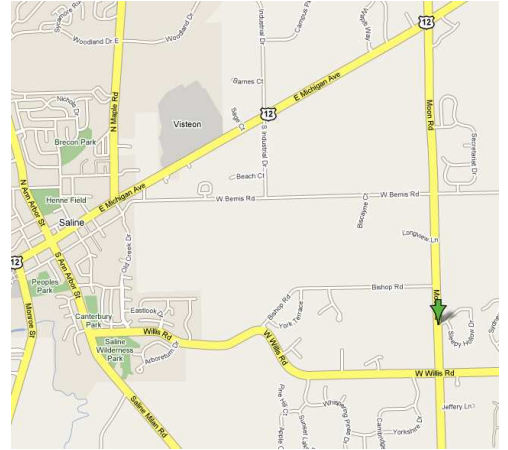
The troop will be honing their shooting skills at a local facility. This will be a one-night campout followed by shooting safety and practice. You must camp to shoot. The campout ends on Saturday at around 6pm.

**Cost per scout:** \$23; **Cost per adult:** \$8; use scout account, cash, or check payable to **Troop 457**

**Departure:** Friday, 11-Apr-2008, 6pm, from the Liberty School south parking lot. Please arrive fifteen minutes before departure.

**Uniform:** Class A uniform

Final payment, permission slip, and waiver form are due **Monday, 31 March 2008**



**Payment 1:** Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Account Cash Check # \_\_\_\_\_

**Payment 2:** 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:** Shooting Campout

**Departing:** 11-Apr-2008

**Returning:** 12- Apr -2008

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

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

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

**Payment 1:** Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Account Cash Check # \_\_\_\_\_

**Payment 2:** Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Account Cash Check # \_\_\_\_\_