



Summer Camp 2010

11-17 July 2010 (Sun-Sat)

Pioneer Scout Reservation – Appleseed Campsite

Camp: scouts will enjoy summer camp at Pioneer Scout Reservation in buckeye country.

Camp address: 7371 County Rd South, Pioneer, OH, 43554. **Camp telephone:** 419-459-4962.

Camp costs:

If \$150 deposit received by **Monday, 12 April 2010** → **Cost per scout***: \$275 (Camping - \$4, Camp Fee - \$256, Driver - \$9, Trailer Puller - \$6)

If \$150 deposit NOT received by **Monday, 12 April 2010** → **Cost per scout***: \$295 (Camping - \$4, Camp Fee - \$276, Driver - \$9, Trailer Puller - \$6)

Cost per adult:** \$118 (Camping - \$4, Camp Fee - \$114)

* Families with more than one scout receive a \$10 discount per additional scout.

** Adults pay \$25 per night if not staying for all six nights.

Deposit of \$150 per scout and completed permission slip is due **Monday, 12 April 2010**.

Balance of \$125/\$145 per scout is due **Monday, 10 May 2010**.

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

Health Form Parts A-C of BSA health form must be completed. Part B needs physician signature.

Departure Sunday, 11-July-2010, 9:30am, from the Liberty School south parking lot.
Please arrive twenty minutes before departure.

Uniform Class A uniform

For complete information, see the Summer Camp 2010 leader's guide at
http://www.psrweb.org/Documents/2010%20Leaders%20Guide/2010_Frontier_LG.pdf

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: Summer Camp 2010 **Departing:** 11-Jul-2010 **Returning:** 17-Jul-2010

Participant Name(s): _____

Parent or Guardian Signature: _____

Home Phone: _____ **Cell Phone:** _____

Available to drive: Y N **If yes, number of seat belts:** _____
Drivers are reimbursed for gas expenses per troop policy

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