

Summer Camp 2008

13-19 July 2008 (Sun – Sat)

Camp Rotary — Burrows Campsite



Camp Scouts will enjoy summer camp at Camp Rotary, located in the center of the Lower Peninsula. Attractions include **The Iceberg**. **Camp Address:** Camp Rotary, 3201 S. Clare Ave, Clare, MI. **Camp Telephone::** 989-386-7943

Cost per new scout/Webelos **\$238** (Camping - \$3, Camp Fee - \$220, Gas - \$9, Travel Meal - \$6)

Cost per scout Thru April 28th: **\$238** (Camping - \$3, Camp Fee - \$220, Gas - \$9, Travel Meal - \$6)

After April 28th: **\$268** (Camping - \$3, Camp Fee - \$250, Gas - \$9, Travel Meal - \$6)

Cost per adult¹ **\$78** (Camping - \$3, Camp Fee - \$60, Gas - \$9, Travel Meal - \$6)

¹*Pay \$15 per night if not staying for all six nights.*

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

Departure Sunday, July 13th, 9:30am, from the Liberty School south parking lot.

Please arrive fifteen minutes before departure.

Uniform Class A uniform

First payment of \$100 per scout and completed permission slip is due **Monday, 31 March 2008**

Second payment of \$135 per scout is due **Monday, 28 April 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: Summer Camp 2008

Departing: 13-Jul-2008 **Returning:** 19-Jul-2008

Participant Name(s): _____

Parent or Guardian Signature: _____

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

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

Payment 1: Date: _____ Amount \$ _____ Account Cash Check # _____

Payment 2: Date: _____ Amount \$ _____ Account Cash Check # _____