



Snow Tubing Campout

19-21 February 2010

Camp Rotary — Loon Lodges A & B



- Camp** The troop will be bivouacked at Camp Rotary in the heated Loon Lodge. It will scale the heights of Snow Snake and ski or ride tubes back down. Both Camp Rotary and Snow Snake are north of Clare, MI.
Camp Address: Camp Rotary, 3201 S. Clare Ave, Clare, MI
Snow Snake Address: 3407 East Mannsiding Rd, Harrison, MI
- Cost** **\$80 (tubing) / \$88 (skiing)** (Camping - \$24, Tubing - \$12 / Skiing - \$20, Driver - \$16, Trailer Puller - \$10, Food - \$12, Travel Meal - \$6)
 Use scout account, cash, or check payable to **Troop 457**
- Tubing Release** Each tuber must complete an **Tubing Release from Liability** form.
- Departure** Friday, 19-Feb-2010, 6pm, from the Liberty School south parking lot.
- Uniform** Class A uniform

Payment, and completed permission slip and release form is due **Monday, 8 February 2010**

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: Snow Tubing Campout **Departing:** 19-Feb-2010 **Returning:** 21- Feb-2010

Participant Name(s): _____

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 # _____

Tubing

Skiing