

**Tobogganing Day Event**  
**14 January 2012**  
**Pokagon State Park**  
**450 Lane 100 Lake James, Angola IN 46703**

**CAMP:** The Troop will be tobogganing for around 3 hours at the state park in Indiana. This will be a single day event. Every scout should bring 1 can of CHICKEN NOODLE SOUP for lunch. Troop will arrive back home around 4pm the same day.

**COST:** \$ 16 (\$10 Tobogganing, Driver reimbursement – gas and park entrance fee \$6) Use scout account, cash, or check payable to **Troop 457**

**DEPARTURE:** Saturday, 14-Jan-2012, 8am, from the Liberty School south parking lot. Please arrive fifteen minutes before departure.

**UNIFORM:** Dress appropriately for the weather

Payment and completed permission slip is due on **Monday, 9 January 2012**

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

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**Troop 457 Activity Participation Authorizations**

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:** Tobogganing

**Departing:** 14-Jan-20112      **Returning:** 14-Jan-2012

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 # \_\_\_\_\_