

**TROOP ONE PERMISSION SLIP**

Civil War Adventure, August 9-11, 2013

**DUE... NOW (Turn in at the July 30 Troop Meeting)**

**Please get your permission slip and payment turned in as soon as possible.**

**EVENT:** The annual Hale Farm Civil War Encampment campout! We will help Hale Farm with their weekend of Civil War reenactment, watch a reenacted Civil War battle, and perhaps some may get to participate in the mock battle. The weekend includes service in exchange for camping at this special event. Scouts have the opportunity to work on the American Heritage MB before coming and learn about the Civil War AND a Saturday night Adult/Java Patrol Steak Fry with Szalay's Corn - Seriously.

**COST: \$15 for Scouts and \$19 for Adults** (make checks payable to Boy Scout Troop ONE)

**WHEN: Arrive at First Baptist on Friday, August 9 by 6:15 PM.**

We need to make a quick departure due to Friday night activities.

**Pickup** at First Baptist on Sunday, August 11 at approximately 11:00 a.m.

**WHERE: Hale Farm and Village, 2686 Oak Hill Road, Bath, Ohio 44210.**

Troop One Contact: Mr. Myers at 330-801-6034

**GEAR: Summer Camping Gear! Be prepared for warm weather, sun, rain and mosquitoes. Boots Are A Must! Water bottles are a necessity. We are sleeping in tents. Talk to your leaders if you need a tent.**

**FOOD: Included in the price.**

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Parent Authorization: My son/daughter/ward/self (full name) \_\_\_\_\_ has my permission to engage in a full range of planned activities on this activity, **except as noted by me on the back of this form**. 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 treat, to hospitalize, secure proper anesthesia, and/or to order injection for my son/daughter/ward/self. This permission extends to the choice of transportation to the care facility chosen by the adult leader in charge.

I, (*adult's name*) \_\_\_\_\_, will be attending with the scouts.

I will drive a (*year, make, model*) \_\_\_\_\_ ( ) car ( ) van ( ) truck

Driver's Cell Phone \_\_\_\_\_ # of Riders \_\_\_\_\_ (excluding driver)

In case of emergency, I can be reached by phone at (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or \_\_\_\_\_.

If I cannot be reached, please contact \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Amount paid: \$\_\_\_\_\_, ( ) cash, ( ) check no. \_\_\_\_\_, or ( ) from scout account

**Special requirements - Listed on the back, including any instructions and written permission for any medication to be dispensed. All medicine must be in the original container.**