



HALLOWEEN 2017

TROOP 154

ACTIVITY NOTICE

EVENT: Halloween Party & Haunted Cabin
LOCATION: Wernert Cabin, Camp Miakonda, Sylvania, OH
DATE: October 27-29, 2017
SHOW UP AT CHURCH : 5:45 Friday Oct 27
Leave the Church Parking lot: October 27, 2016 at 6:15 pm.
Return to Church: October 29, 2017 at 5:00 PM.
Cost: \$20.00

We will set up our "Haunted Cemetery", put on "Spooky" outfits to haunt any one attending the Halloween Party. The Troop will stay over night in Wernert Cabin, so there will be opportunity for Scouts to cook meals on Saturday and Sunday. This event is a lot of fun because we get Camp Miakonda all to ourselves during the "off" hours. Scouting for food pickup will be on Saturday morning.

This form must be completed, signed, and returned to Mrs. Howell by Monday, October 16th, 2017 (Court of Honor) so that we know how much food to purchase. If you are unable to meet this deadline, please call Mrs. Howell at (630)334-8488, crystaljh78@gmail.com.

Halloween Party at Camp Miakonda 2017 Permission to Attend Activity

Scout's Name: _____ Phone # _____
 Will you attend this activity with your son? _____ Yes _____ No
 Please bring any "Spooky" items to add to the Cabin Set-up.
 Can you provide transportation ? _____ Yes _____ No
 How many can you transport ? _____ vehicle make & model _____
 Parent's name attending _____

Waiver of Responsibility

In consideration of the benefits derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary and having full confidence that every precaution will be taken to ensure the safety and well-being of my son on this activity, I hereby agree to his participation and waive all claims against the leaders of this activity, and officers, agents, and representatives of the Boy Scouts of America, Troop 154, and others in charge of the activity. I also acknowledge that if my son repeatedly misbehaves, I will have to pick him up after receiving a phone call.

Signed: _____ Date: _____
 Emergency Phone # during this activity: _____
 Special Considerations: (Medical condition, Medications, Allergies, Special Foods, etc.) _____