



Troop 154

2018 Summer Camp at PSR

Activity Notice

LOCATION: Camp Frontier of Pioneer Scout Reservation, Pioneer, Ohio, Cody Campsite

DATE: July 8-14.

DEPART: Sunday, July 8th, 11:30 A.M. SHARP FROM REAR OF CHURCH (arrive at 10:30 A.M.)

Bring a sack lunch for Sunday noon, July 8th.

RETURN: Saturday, July 14th, @11:00 A.M. IN THE REAR CHURCH PARKING LOT

Participants are expected to bring their own gear, clothes and what they may need to participate in any rank advancement and merit badges during Summer Camp. All dues and registration fees must be paid to participate.

COST: \$346.00 "Early Bird", \$366.00 after April 23rd.

To qualify for the "Early Bird" rate and a free PSR 2018 camp hat, your Scout must be paid in full by the above date (4-23-18).

If you are unable to meet this deadline, please call Mrs. Howell at (630)334-8488 or Mr. Ellett at (419) 824-8337.

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Permission to Attend 2018 Summer Camp at PSR

Scout's Name: _____ Phone # _____

Paid Deposit _____ Date paid _____

Pop Corn Credit (10%) _____ Date applied _____

Balance Due _____ Date paid _____

Will you attend this activity with your son? _____ Yes _____ No _____ Part

Can you provide transportation? _____ Yes _____ No

How many can you transport? # _____

Parent's name attending / driving _____

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.) _____
