

TROOP 93

Harnischfeger Camporee

OCT. 10, 11, 12, 2008

Archery Obstacle Course Fire Building
Dance Tug-O-War Knots Wagon Rides

Wear your full Scout uniform for travel.

Items to bring:

- | | | |
|---|--|---|
| <input type="checkbox"/> Full Scout Uniform | <input type="checkbox"/> Sleeping bag & air mattress | <input type="checkbox"/> Pillow |
| <input type="checkbox"/> Flashlight | <input type="checkbox"/> Pajamas | <input type="checkbox"/> Boy Scout Handbook |
| <input type="checkbox"/> Plate, bowl, cup, utensils | <input type="checkbox"/> Toiletries | <input type="checkbox"/> Poncho/Rain Gear |
| <input type="checkbox"/> Wrist Watch | <input type="checkbox"/> Extra clothes | |

The cost for the weekend is \$25 per person. This includes camping, cracker barrel on Friday, meals on Saturday, breakfast and lunch on Sunday and a commemorative patch. **Please meet at Holy Apostles School near the Bell Tower on Friday at 5:30 PM, we will leave promptly at 5:45 PM. We will return on Sunday at 2:00 PM.**

Note: Other arrangements can be made for drop-off or pick-up at the Harnischfeger Park near Oconomowoc. However, please let us know if you are arriving late or leaving early.

Permission slip due to Mr. Young by Monday, October 6th.

For more information, please call Bruce Boll 262-679-7957

POTAWATOMI COUNCIL

HOLY APOSTLES TROOP 93

BOY SCOUTS OF AMERICA

I HEAR BY GRANT PERMISSION FOR _____ TO GO TO HARNISCHFEGER PARK, THE HARNISCHFEGER CAMPOREE ON OCT. 10, 11, 12, 2008 UNDER THE LEADERSHIP OF THE TROOP COMMITTEE, AND IN CONSIDERATION OF HIS ENGAGING IN THIS ACTIVITY, AGREE TO SAVE HARMLESS THE SAID LEADER AND HIS ASSOCIATES; OUR UNIT'S SPONSORING INSTITUTION; AND THE BOY SCOUTS OF AMERICA BECAUSE OF ANY CLAIM ARISING IN BEHALF OF SAID SON FROM POSSIBLE INJURY OR ILLNESS WHILE ENGAGED IN THIS ACTIVITY.

I MAY BE REACHED AT _____, _____, _____ DURING THIS TIME. IN THE EVENT I CANNOT BE REACHED AND AN EMERGENCY MEDICAL TREATMENT IS REQUIRED, YOU MAY CONTACT [] _____ OR [] YOU MAY AUTHORIZE MEDICAL AUTHORITIES TO PRESCRIBE SUCH TREATMENT.

DATE: _____ SIGNED: _____
(PARENT OR GUARDIAN)

Boy's Bank _____ Check _____ Cash _____

PARENT CAN DRIVE YES NO

NAME OF PARENT ATTENDING _____

ANY SPECIAL INFORMATION? ARRIVAL OR DEPARTURE TIMES, ETC. _____