

**RAINBOW COUNCIL****TROOP 19****BOY SCOUTS OF AMERICA**

**Name of Activity** 2010 New Scout Campout at Starved Rock State Park  
**Dates of Activity** April 30<sup>th</sup> – May 2<sup>nd</sup>, 2010  
**Location of Activity** Starved Rock State Park  
P. O. Box 509  
Utica, IL 61373  
(815) 667-4726

**Departure Information** St. Mary's Church: Friday April 30<sup>th</sup>, 2010, 6:00 PM  
**Return Information** St. Mary's Church: Sunday May 2<sup>nd</sup>, 2010, 10:00 AM

**Expenses (cash, please)** \$15.00 Meals  
\$0.00 Transportation Fee  
\$4.00 Camping Fee  
\$4.00 Trailer Fee  
\$23.00 Total Fees

**Equipment Needed** Class A's for transportation. Be sure to bring the appropriate personal gear, prepare for wet weather. Permission slip is due April 25<sup>th</sup>, 2010.

**Trip Leader** Adrian McClelland  
**Leader Information** 815-609-7907

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Detach and Return

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**Parent Permission/Consent**

**Activity** New Scout Campout at Starved Rock                      **Dates** April 30<sup>th</sup> – May 2<sup>nd</sup>, 2010

**Location** Starved Rock State Park                      **Scout's Name** \_\_\_\_\_

The above named scout is in good health to participate in this event and I hereby consent to his participation. I understand that reasonable measures will be taken to safeguard the health and safety of my child and that I will be notified as soon as possible in case of emergency. I will not hold responsible the Rainbow Council of the Boy Scouts of America, Troop 19, the adult leaders in charge, or the driver of my child for accidents or sickness incurred. In case of illness or accident, I authorize that my child be given proper medical treatment at a doctor's office, clinic or hospital.

**During the activity, I can be reached at:** \_\_\_\_\_

**Medications & Dosage:** \_\_\_\_\_

**Physician's Name & Phone:** \_\_\_\_\_

**Adult/parent** \_\_\_\_\_ **will (check all that apply):**

\_\_\_\_ **ATTEND**    \_\_\_\_ **DRIVE TO**    \_\_\_\_ **DRIVE FROM** the event

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<b>Signature of Parent/Guardian</b>	<b>Date</b>	<b>Amount Paid</b>
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*Troop 19 is not responsible for lost or stolen items.*