

**RAINBOW COUNCIL**

**TROOP 19**

**BOY SCOUTS OF AMERICA**

**Name of Activity** 2010 Summer Camp  
**Dates of Activity** June 20<sup>th</sup> – June 26<sup>th</sup>, 2010  
**Location of Activity** Saukenauk Scout Reservation  
 2948 E. 1000th St. Mendon, IL 62351  
**Departure Information** June 20<sup>th</sup>, Approximately 7:00 AM – St. Mary’s  
**Return Information** June 26<sup>th</sup>, Approximately 4:00 PM – St. Mary’s  
**Expenses (cash, please)** \$215.00 Saukenauk Scout Reservation Summer Camp Fee  
*\$125 Deposit Due By April 4<sup>th</sup>*  
 \$90.00 Adult Summer Camp Fee  
 \$20.00 Meal Money (to & from camp)  
 \$11.00 Trailer fee  
\$16.00 Transportation Fee  
**\$262.00 Scout Fee – Remaining Payment of \$137 Due by April 18<sup>th</sup>**  
**\$117.00 Adult Fee - Full Payment Due by April 18<sup>th</sup>**  
**Equipment Needed** Class A's for travel, no exceptions! Personal gear, scout handbook, merit badge books/packets, recommend summer camp items. \$25 to \$50 spending money for scouts. More information to follow at upcoming Troop meetings.  
**Trip Leader** Adrian McClelland  
**Leader Information** 815-609-7907

Detach and Return

**Parent Permission/Consent**

**Activity** 2010 Summer Camp **Dates** June 20<sup>th</sup> – June 26<sup>th</sup>, 2010

**Location** Saukenauk Scout Reservation **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

\_\_\_\_\_  
**Signature of Parent/Guardian** **Date** **Amount Paid**

*Troop 19 is not responsible for lost or stolen items.*