

Name of Activity Ski Trip
Dates of Activity January 13 – 15, 2012
Location of Activity Camp Vista at Chapel Heights Road Sunburst Ski Resort
Campbellsport, Wisc. 53010 Kewaskum, WI 53040
Departure Information St. Mary’s Church: Friday January 13th at 5:30 PM
Return Information St. Mary’s Church: Sunday January 15th at 3:30 PM
Expenses (cash, please)

\$20.00	Meals
\$34.00	Camp Fee (adults & scouts))
\$10.00	Transportation Fee
<u>\$ 2.00</u>	<u>Trailer Fee</u>
\$66.00	Adult/Scouts Camping Fees
\$20.00	Meals
\$18.00	Camp Fee (siblings under 10)
\$10.00	Transportation Fee
<u>\$ 2.00</u>	<u>Trailer Fee</u>
\$50.00	Siblings Camping Fees
\$40.00	Ski Lift Ticket, Rental, & Lesson
\$55.00	Snowboard Lift Ticket, Rental, & Lesson
\$35.00	Lift Ticket Only
\$20.00	Tubing – 3 hours
_____	Total Fee Paid (including camping & Ski /Snowboarding

Equipment Needed Class A’s for transportation. Be sure to bring the appropriate personal gear, prepare for wet cold weather. Permission slip is due by December 18, 2011
Trip Leader Adrian McClelland
Trip Coordinator Tina Pereda **Coordinator Info:** 708.670.1639

_____ Detach and Return _____

Parent Permission/Consent

Activity Ski Trip **Dates** January 13 - 15, 2012
Location Camp Vista / Sunburst Ski Resort **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, 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: _____

_____ Signature of Parent/Guardian	_____ Date	_____ Amount Paid
--	----------------------	-----------------------------

Adult will (check all that apply): ATTEND DRIVE TO DRIVE FROM the event

_____ Signature of Adult	_____ Date	_____ Amount Paid
------------------------------------	----------------------	-----------------------------

Troop 19 is not responsible for lost or stolen items.