

**RAINBOW COUNCIL**

**TROOP 19**

**BOY SCOUTS OF AMERICA**

**Name of Activity** 2010 Holy Cross Merit Badge Seminar  
**Dates of Activity** March 5<sup>th</sup> - March 6<sup>th</sup>  
**Location of Activity** Holy Cross School  
 401 West White St  
 Champaign, IL 61820

**Departure Information** March 5<sup>th</sup>, 6:00 PM – St. Mary’s  
**Return Information** March 6<sup>th</sup>, 8:00 PM – St. Mary’s  
**Expenses (cash, please)** \$25.00 - Registration (Adults \$10) (Some seminars have additional fees see 2<sup>nd</sup> page)  
 \$8.00 Breakfast & Dinner on Saturday  
 \$2.00 Overnight Fee  
 \$7.00 Transportation Fee  
 \$42.00 **Scout Fee**  
 \$19.00 **Adult Fee**

**Equipment Needed** Class A uniform required when we travel & on Saturday. **Homework should be done for all MB’s before the event.** Deadline for payment is Feb 21<sup>st</sup>, 2010  
**Trip Leader** Adrian McClelland  
**Leader Information** 815-609-7907

Detach and Return \_\_\_\_\_

**Parent Permission/Consent**

**Activity** 2010 Holy Cross Merit Badge Seminar      **Dates** Mar 5<sup>th</sup> - Mar 6<sup>th</sup>, 2010  
**Location** Holy Cross      **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.*

**Additional Class Fees**

Art - \$4

Electronics-\$4

First Aid-\$1

Personal Management-\$2

Plumbing-\$12

Adult CPR-\$5

Indian Lore - \$4

Swimming - \$5

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