

**Name of Activity** Ski Trip 2010  
**Dates of Activity** January 15th – 17nd, 2010  
**Location of Activity** Camp Vista at Chapel Heights Road  
Campbellsport, Wisc. 53010

**Departure Information** St. Mary's Church Friday Jan 15th 5:30pm  
**Return Information** St. Mary's Church Sunday Jan 17th, Approx 3:30pm

**Expenses (cash, please)**

\$20.00	- Meals
\$12.00	- Transportation Fee
\$32.00	Camp Fee
\$36.00 / \$32.00	Ski Package (\$36 includes rental)
\$49.00 / \$41.00	Snow Board Package (\$49 includes rental)
\$15.00/\$18.00	Tubing 2hrs/3hrs
\$ _____	Total

**Equipment Needed** Scout Uniform, Winter Personal Gear, Ski's , Snowboard  
**Trip Leader** David Raab  
**Leader Information** 630 544-9365

**Due Date is December 13**

**Troop 19**

**Parent Permission/Consent**

**Activity** Ski Trip 2010      **Dates** January 15<sup>h</sup> – 17th, 2010

**Location** SunBurst, WI    **Scout 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 / Crew 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**

Signature of Parent Guardian

\_\_\_\_\_