

# Equipment List and Parents Permission Form for Troop 50

Outing: Napowan BSA Summer Camp

Date: Sunday, 7/29/07 to Saturday, 8/4/07

Location: Near Wild Rose, WI.

Outing Leader: Bob Gale 847-825-6324 [rc.gale@worldnet.att.net](mailto:rc.gale@worldnet.att.net)

Leave Time / Location: Depart Sunday, 7/29/07 at 7 a.m. from the Church parking lot corner of Crescent & Dephia. Return Saturday, 8/4/07 in the afternoon. Scouts will be dropped off at their home on Saturday.

Sack Lunch (Bring in car – going)	X	<b>Medication in original containers</b>	<b>XXX</b>
Sleeping Bag / Pad	X	Plastic Cup / Mug	X
Extra shoes / extra gym shoes	X	Scout Handbook	X
Poncho / Raincoat	<b>XX</b>	Pencil / Pen / Paper	X
Beach towel (Bring in car – going)	X	Pocket Knife / Totin' Chip Card	X
Swimming trunks (Bring in car – going)	X	Fireman Chit' Card	X
Hooded Sweatshirt	X	Compass	X
Hiking Boots, headgear / baseball cap	X	Flashlight	X
Class "A" Uniform – flag ceremonies.	X	Toothbrush / Toothpaste	X
Class "B" Uniform – to be worn during travel.	X	Soap, shampoo, hand towel and bath towel	X
2 Water Bottles (1 for water and 1 for fruit drink –we provide)	<b>XX</b>	Fork / Knife / Spoon – for Cooking Merit Badge	X
Insect Repellent (No aerosol cans)	<b>XX</b>	Mess Kit – For Cooking Merit Badge	X
Sunscreen (No aerosol cans)	<b>XX</b>	Complete Merit Badge Pre-work	<b>XX</b>
Several changes of clothing, including underwear and socks. Name marked. Pack everything in zip lock bags.	X	Long sleeve shirt, long pants and shoes that can get wet – for Swimming Badge	X

**DO NOT BRING:** Sheath Knives, Radios, TV's, CD Players, Lighters, Laser Pointers, Fireworks, Video Games or Cell Phones. Please do not bring any food. If these items are found they will be confiscated.

↓ **Return Lower Half of Form** ↓

**NOTE: PERMISSION SLIP MUST BE TURNED IN WITH YOUR NAPOWAN CAMP FEE PAYMENT NO LATER THAN JUNE 11, 2007.**

**Outing: Napowan BSA Summer Camp, Wild Rose, WI** Cost: TBA

RETURN PERMISSION FORM TO: Bob Gale Phone: 847-825-6324

SCOUT: \_\_\_\_\_ has my permission to go on this outing. I agree to my son's participation and waive all claims against the Leaders of this activity, officers, agents and representatives of the Boy Scouts of America. I also certify that my son is in good health and may participate in all normal activities of the group. In case of sickness or accident, I authorize the calling of a Physician to attend to the providing of other necessary medical services including hospitalization at my expense.

Payment Method: ACCOUNT: \_\_\_\_\_ CASH: \_\_\_\_\_ CHECK: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone Number: \_\_\_\_\_ E-mail address \_\_\_\_\_

Emergency Phone Number where I can be reached during this event: \_\_\_\_\_

**I can drive (circle one):** Sunday Morning, Saturday Morning, Wednesday Afternoon, Both Ways, No.

**Number of boys I can take including my son:** \_\_\_\_\_. **My cell Phone #** \_\_\_\_\_

**I can pull the trailer (circle one):** To Camp, From Camp, No

**I am planning to stay (circle one):** The week, The first half week, The last half week, Other

Name: \_\_\_\_\_

**Adults staying for a partial week will be responsible for providing a Class 1 and 2 Medical Form or a Class 3 Medical Form if 40 or older. They will also need to pay for their meals at camp (\$50 for ½ week or \$5 to \$8 per meal)**