

Troop 870 Campout/Activity Registration Form

Activity/Date: _____

Departure Location/Date/Time: _____

Return Location/Date/Time: _____

Return time is estimated, an update will be made if the return time changes more than 30 minutes

Signup Deadline: _____

Reminder: Troop members travel to and from activities in their Class A uniforms unless otherwise communicated. Do NOT pack these! Troop or scout t-shirts should be worn while out of Class A.

NO soft drinks are permitted on campouts

Electronics are allowed only in the vehicle to/from camp. Please put name on all electronics (including cell phone)

Fee per Scout: \$20 for camping/transportation (payable to Troop 870 & given to Outdoor Committee Mbr)
Plus \$10 given to grubmaster for food

Campout/Activity Coordinator: _____

SCOUT NAME: _____ SCOUT PHONE #: _____

PARENT CONTACT INFO – WHO WILL BE AVAILABLE DAY OF RETURN!!!

NAME: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL (Please print legibly): _____

ALTERNATE/EMERGENCY Contact (Name, Phone #) _____

*******SCOUT MEDICAL CONCERNS/MEDICATIONS FOR CAMPOUT/ACTIVITY*******

(Must be filled out! If there are no concerns or medications needed, please state "none")

HEALTH/DIETARY CONCERNS:

MEDICATIONS to be taken (Scout will be responsible for own meds unless noted - please list medicine(s) and dosage freq):

Parents – Please check all that apply

____ I am willing to attend camp # of seat belts _____

____ I am willing to drive to/from camp # of seat belts _____

____ I am willing to tow a troop trailer with my vehicle to/from outing

____ I am not available to attend this outing nor drive to/from outing

Parent Authorization for scout to attend campout/activity

Parent Signature: _____ Date: _____

For Campout/Activity Coordinator only : Fee paid (cash, check) _____