

**Commitment slip for: Summer Camp at Camp Freeland Leslie (CFL)**

Leader to return by: **April 3 (early bird discount), or May 1 (regular rate)**

Cost: **\$0**

Activities: **Summer Camp Fun**

Event Date(s): **July 8 - July 14**

Departure Date: **Sunday July 8 at 8:30 am**

Return Date: **Saturday July 14 around 3 pm**

Special Instructions: **This is about a 3 hour drive. We will stop for lunch, so please provide your son with some lunch money. If unable to turn in permission slip during troop meeting, can also email Mr. Odom to signup (kenneth.odom@att.net).**

All leaders will depart from and return to the Immanuel Lutheran Church parking lot, unless otherwise arranged. Leaders are expected to arrive and depart at same time as scouts, unless otherwise arranged with Tour Leader.

I understand that if I am unable to attend this event I will find a replacement registered leader with Troop 82 to take over my commitment. If Troop 82 does not have a minimum ratio of one (1) leader per four (4) scouts, the Troop has the right to cancel the event due to possible safety concerns.

(Cut along dotted line. Keep upper portion. Return lower portion by deadline.)

**Summer Camp at Camp Freeland Leslie (CFL)**

I can drive scouts to this event: **YES NO**  
I have completed BSA Youth Protection training: **YES NO**  
I will complete BSA Youth Protection training before the event: **YES NO N/A**

I understand that BSA Youth Protection training is required of all registered leaders of Troop 82. If I have not completed training yet, I will complete Youth Protection training and provide a copy of the training card in advance.

I can take part in any and all activities that Troop 82 has at Summer Camp at Camp Freeland Leslie (CFL) on July 8 - July 14, except for :

(please indicate if restrictions are continued on back of sheet...)

List any Food Allergies: \_\_\_\_\_

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Leader Printed Name: \_\_\_\_\_

Leader Email: \_\_\_\_\_

Leader phones: Home: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Car info, If Driving: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Auto Insurance, If Driving: Meets State Minimum Liability Coverage: **YES NO**

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact phones: Home: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

**Leader's t-shirt size \_\_\_\_\_**

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