

Commitment slip for: Indoor Archery

Leader to return by: **Tuesday March 20**

Cost: **\$0**

Activities: **Indoor Archery**

Event Date(s): **Sunday March 25**

Departure Date: **Meet at Chicago Archery in Elmhurst at 4 pm**

Return Date: **Pickup at Chicago Archery in Elmhurst at 5:45 pm**

Special Instructions: **Turn in signed release from Chicago Archery. Limited number of spots. MEET at the archery location at 124 W Diversey Elmhurst**

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.)

Indoor Archery

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**

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 Indoor Archery on Sunday March 25, except for :

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

List any Food Allergies: _____

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.

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: (_____) _____

Return this slip by: Tuesday March 20