

Commitment slip for: Silo Climb

Leader to return by: **Tuesday October 9**

Cost: **\$0**

Activities: **Silo Climb and camping**

Event Date(s): **Oct 19 to Oct 21**

Departure Date: **Friday October 19 at 4:30 pm**

Return Date: **Sunday October 21 at noon**

Special Instructions: **Bring athletic shoes for climbing. Check prerequisites if doing Climbing merit badge**

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.)

Silo Climb

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 Silo Climb on Oct 19 to Oct 21, 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 October 9