

**Commitment slip for: Warren Dunes camping**

Leader to return by: **Tuesday May 1**

Cost: **\$0**

Activities: **Camping and sand dunes**

Event Date(s): **May 11 - 13**

Departure Date: **Friday May 11 at 6:00 pm**

Return Date: **Sunday May 13 - by 1:00 pm**

Special Instructions: **Dress for the weather.**

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.

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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.)

**Warren Dunes camping**

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 Warren Dunes camping on May 11 - 13, except for :

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(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 May 1**