

SOURDOUGH TRAIL BACKPACKING

Your signature is required in order that your son may participate in the following activity. If you will attend please check ADULT. If you will drive please include TOTAL NUMBER OF SEATBELTS.

WHAT:	Sourdough Trail Backpacking Trip
Leave:	Meet at Peace Lutheran Friday Sept. 16th Time: 6:00 PM
Return:	Meet at Peace Lutheran Sunday Sept. 18th Time: ~1:00 PM
Purpose:	Backpacking
Permission slip due:	Tuesday, September 13
Emergency call:	Carol Park (303) 619-0663
(This is the contact person in Denver.)	
Scout In-Charge contact:	James Park and Liam McCarthy
Adult In-Charge contact:	Steve Halewski

Activity Cost:

Scout:

Adult:

Food Cost:

Patrol Equipment List:

Crew Gear

Individual Equipment:

Backpacking List

Special Instructions and Essentials:

WHAT:

Leave:	Meet at Peace Lutheran Friday Sept. 16th	Time:	6:00 PM
Return:	Meet at Peace Lutheran Sunday Sept. 18th	Time:	~1:00 PM

Drive: () No () Yes, total number of seat belts _____

PARENT NAME: _____ PHONE: _____
Adult Attending () Yes () No

SCOUT NAME: _____ PATROL: _____

ADDRESS: _____

By signing below I acknowledge that some dangers are inherent in every activity including this one. I give my permission for my son to participate in the above activity.

SIGNATURE: _____
If you do not wish your son's picture to appear in the troop web site check here. []

In case of emergency, I understand that every effort will be made to notify me. In the event I cannot be reached, I give permission to the physician selected by the leader to hospitalize and secure proper treatment, including surgery for my son.

SIGNATURE: _____ DATE: _____

DOCTOR'S NAME: _____ PHONE: _____

PRIMARY INSURANCE COMPANY _____

POLICY NUMBER _____

Please list any medication, prescription drugs, allergies, or dietary conditions, which should be known by the leader.