TROOP 111 EVENT BULLETIN

Event: Sardine Lake camping trip		**Location:** Lake Basin, above Downieville
Dates: September 11-12	**Final Sign-up Date:** September 7	**Fee:** $25.00
Primary Leader: Karl Mohr	**Phone:** 756-5988	**E-Mail:** kmohr@dcn.org
Second Leader: Mark Shafer	**Phone:** 750-3079	**E-Mail:** markshafer@yahoo.com
Meeting Location: Davis Community Church	**Show Time:** 7:30 AM	**Go Time:** 8:00 AM
Return Location: Davis Community Church	**Approximate return time:** 4:00 PM	
Food to Bring: Snacks	**Uniform:** Class B	**Pocket Money:** None

All medications must be given to the Event Leader prior to leaving the meeting location.
Electronic games, radios, cell phones, beepers, CD players, cassette recorders, drugs, alcohol, tobacco, explosive devices, fire arms and ammunition of any kind are absolutely prohibited on all outings.

Special Instructions:

Personal Equipment:	Personal Equipment:		Patrol Equipment
See page 224 in your Scout Book!			Meals: 2 lunches (easy – no cooking) one dinner & one breakfast
Rain gear			Tents
Day-hiking gear			Patrol boxes

<<<<<<<<<<Cut along this line, keep upper part for your information, fill out and return lower part to Troop.>>>>>>>>>>

TROOP 111 EVENT ATTENDANCE AUTHORIZATION SLIP

Name of Scout:	Event: Sardine Lake camping trip		
Parent Name:	Address:		Phone:
Emergency Contact:	Relationship:		Phone:
Medical Plan:	Policy Number:		Phone:
Medications (if none state "none"):			
Medication Instructions:			
Date of Last Tetanus Shot:	Allergies:		

I authorize my son/ward to attend the above event. In the event Scout leaders are unable to contact anyone listed above, I authorize any scout leader to arrange medical treatment for him. I understand that every effort will be made to reach me or the Emergency Contact as soon as is possible.

Method of Fee Payment (Circle one): Cash Check Scout Bucks Total $:		
I can Drive (Circle one): No Out Back Both Ways	Number of Seat Belts:	
Parent/Guardian Signature:	Print Name:	Date: