

**BOY SCOUTS OF AMERICA  
TROOP 574**

**PARENTAL CONSENT FORM**

In consideration of and recognizing the educational benefits to be derived through this activity and through involvement in the Boy Scouts of America, I consent to the participation of my son(s) in the activity described below and agree to pay the associated fees.

Description of activity: **Troop 574 will be traveling to Corpus Christi, board the USS Lexington Aircraft Carrier to spend 2 nights and then return.**

Siblings are welcome with parents attending (must be at least 5 yrs old).

Activity dates: **Saturday morning, January 17<sup>th</sup> to Monday afternoon, January 19<sup>st</sup>, 2009.**

Fees: **\$150 per person Due NOW**

\$\_\_\_\_\_ Scout Account      \$\_\_\_\_\_ Cash      \$\_\_\_\_\_ Check # \_\_\_\_\_      Recv \_\_\_\_\_

Departure date and time: 7am Saturday, January 17<sup>th</sup>, 2009 **BRING SACK LUNCH**

Return: ~4pm Monday, January 19<sup>st</sup>

Note: Bring \$ for gift shop and Lunch on return trip. Scouts will be responsible for this \$.  
Bring: Bedroll, toiletries, change of clothes, towel, (opt) disposable camera.

We have reservations for 20 total. This form & money **MUST** be turned in NOW.

Class 1 medical form is required of everyone. (Class 3 medical form req'd if 40 or older)

Parent Name (print): \_\_\_\_\_

Parent Email (print): \_\_\_\_\_

Scout name(s) (print): \_\_\_\_\_

Telephone(s): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Parent Participation**

I plan to attend this event.

I CAN / CANNOT provide transportation for this event.

If providing transportation, number of seats available for non-family members: \_\_\_\_\_