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, agree to pay the associated fees, and waive any claims I may have against the leaders of this activity.

Description of activity: Fall Camporee

Activity dates: Oct, 29th – 31st Fees: **$30** / Scout
$30 / Adult

Departure: Oct 29th. 6:00pm from HCUMC
Return: Oct 31st. approx noon – (be available for a early arrival)

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Please return this form to Mr. Thomas by Oct 11th. Check / Cash / Scout Acct.

Parent Name: _____

Scout name(s): _____

Telephone: _____

Signature: _____ Date: _____

Transportation for the Activity

☐ I plan to attend this event.

I **can** / **cannot** provide transportation for this event.

If providing transportation, number of seats you have available for all others: _____