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: SKILLS CAMPOUT
CAMP WISDOM

Activity dates: March 26th, 27th. Fees: $15.00 per person
$15.00 per adult

Departure: from HCUMC 7:00am Saturday morning

Return: Sunday 10:30am
Be ready to get a call from your scout for a exact time on Sunday morning.

Please return this form to Mr. Thomas by March 21st. 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, total number of seats available for scouts : _____