

**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: JANUARY TRIP TO HOUSTON & GALVESTON

Activity dates: January 15-17

Fees: \$160 per person

Departure: from HCUMC at 6:30am Saturday morning, January 15th; please arrive NO LATER than 6:15am to pack up the van

Return: Monday, January 17th, approximately 3pm at HCUMC

Please return this form to Mr. Thomas by January 10. 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 : _____