

**Troop 178**  
**Maquoketa Caves Spring Campout**  
**April 9-11, 2010**

Boy Scout Troop 178 will be going on a campout Friday, April 9 through Sunday, April 11 to Maquoketa Caves State Park. We will leave at 6:00 pm Friday from the Waukee City Hall parking lot and will return to the same location at 2:00 pm on Sunday.

Due to the long distance the cost of the campout is \$30.00 per boy - no fee for adults. This pays for meals, transportation and rental. Scouts should also bring money for lunch at Mc Donald's on Sunday. We will be staying outdoors in tents so we encourage bringing warm sleeping gear. Also, as this is Spring in Iowa, Scouts should bring appropriate clothing including boots, rain gear and warm clothing. The park offers wonderful hiking and climbing so please be prepared to put a lot of miles on the feet.

***Please return the complete lower portion of this form to Gary Bland, Scoutmaster, along with \$30.00 cash or check payable to Troop 178 by Sunday, March 28 so an accurate count is known for food purchases and transportation. You may keep this top portion.***

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This is to certify that \_\_\_\_\_ has my permission to accompany Boy Scout Troop 178 on the campout April 9-11 to Maquoketa Caves State Park. I hereby release Gary Bland, Scoutmaster, and all other registered troop leaders and drivers from any liability and any and all claims for injuries or accidents which might be received during this trip either at the destination or in traveling to and from this destination. The adult leader or his designated assistant(s) have my permission to administer over-the-counter medicine(s) as deemed necessary and/or seek medical help if necessary for my child in the event of an emergency.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

While my child is attending this outing I may be reached at:

Day time telephone #: \_\_\_\_\_ Evening telephone #: \_\_\_\_\_

Cell#: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency contact: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Please list any special medical information or allergies to medication.  
All medication must be accompanied by written directions for dispensing.

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I will be available to provide transportation to the campout.	( ) Yes ( ) No
I will be available to provide transportation from the campout.	( ) Yes ( ) No
I will be available to pull the troop trailer to the campout.	( ) Yes ( ) No
I will be available to pull the troop trailer from the campout.	( ) Yes ( ) No
<u>I will be going along on the campout and help as a chaperone.</u>	( ) Yes ( ) No

*Office use only:*

Date Paid	Amount	Check #	Cash	Rcd.By