

# BSA Troop 362 Activity Participation Commitment & Deposit

PLEASE READ COMPLETELY AND RETAIN TOP PORTION FOR YOUR INFORMATION

**Activity, Location and Date:** Dog Sledding, Wilderness Trail Outfitters, Wetmore, MI January 20-23, 2012

Phone # At Site (If Available):

<u>Leader In Charge</u>	<u>Home Phone</u>	<u>Cell Phone</u>	<u>E-Mail</u>
Steve Baranski	517.548.4927	810.923.0235	stvbrnsk@gmail.com

**Place / Date / Time / Of Departure:** Howell, MI Friday 1/20/12 4:00 p.m.

**Place / Date / Time / Of Return:** Howell, MI Monday 1/23/12 6:00p.m.

The Troop 362 Activity Participation Authorization, below and the appropriate fee must be submitted by:

If the Troop 362 Activity Participation Authorization is not returned by the specified date your Scout may not be able to attend the activity due to driver arrangements, tour permit information, and other preparations which have to be made in advance. Activity fees may not be refundable once expenses have been incurred.

**Comments: This is Commitment Form Only. This is for trip Deposit. Total fees approximately \$265.00 for dog sledding, snowshoeing, cabin & food. Trip without dogsledding is \$125.00.**

**If there are questions please contact: Steve Baranski**

✂----- Separate here, return the lower portion and keep the top portion for reference -----✂

## BSA Troop 362 Activity Fee Disbursement

**Activity, Location and Date: Dog Sledding, Wilderness Trail Outfitters, Wetmore, MI Jan 20-23, 2012**

Scout's Name(s): \_\_\_\_\_ €Check here and return the permission slip if not attending this activity.

Per Person Fee: \$50.00 (deposit) Numbers attending activity: Scouts \_\_\_\_\_, Adults \_\_\_\_\_, Total Attending # \_\_\_\_\_

Total Amount Paid \$ \_\_\_\_\_ Fee Paid With: €Cash €Check # \_\_\_\_\_ €Scout Account

-----Check one of the above options -----

## BSA Troop 362 Activity Participation Authorization

**Activity, Location and Date: Dog Sledding, Wilderness Trail Outfitters, Wetmore, MI Jan 20-23, 2012**

Scout's Name(s): \_\_\_\_\_ Adults Attending Activity: \_\_\_\_\_

Can You Transport Scouts? To Activity? €Yes €No From Activity? €Yes €No Seats Available \_\_\_\_\_

My Phone Numbers During The Activity: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

In consideration of the benefits to be derived and in view of the fact that the Boy Scouts of America is an educational organization, membership in which is voluntary, and having full confidence that every precaution will be taken to insure safety and well being of all participants during the activity noted above, I hereby acknowledge my awareness and grant my permission for my son or ward to participate in the activity. I further state that my son or ward is in good health as far as I know, and that he has permission to engage in all prescribed activities. In the event I cannot be reached in an emergency, I hereby give my permission to the physician, selected by the adult leader in charge or his designated representative, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed, including surgery, for my son or ward. I further agree to hold BSA Troop 362 of Howell, MI and its leaders blameless for any accidents that may occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines. **Note:** This Activity Participation Authorization is valid only if it is complete, signed, and dated.

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