Troop 178
WHITEROCK CAMPOUT
Coon Rapids, Iowa
May 10th, 11th and 12th, 2019

The WHITEROCK CAMPOUT for Troop 178 will be May 10th, 11th and 12th near Coon Rapids in far northwestern Guthrie County. Load Up will be on Friday the 10th at 5:30 p.m. so the Troop can leave **promptly at 6:00 p.m.** Please meet at the Waukee City Bus Barns south of the Cemetery Ball Fields south of town. The Scouts will then return to the same location at **10:00 a.m. on Sunday the 12th.** The cost of the campout is $25 per Scout. The fee includes transportation, meals and rental fees. Adults that go on the campout are FREE!!! We will be tent camping, so no cots in Troop Tents. Plan accordingly for spring and wet weather. Be prepared. Get ready as we will DO IT ALL on this Campout!!! Bring your work gloves for the community service project on Saturday morning. Then it will be Biking, Hiking, Fishing and Canoeing for the day !!! Whiterock is a beautiful spot if you have not been to Coon Rapids.

Please return the completed lower portion of this form to Bruce Hansen, Assistant Leader, along with $25 cash or check payable to Troop 178 by Sunday, May 5th, so an accurate count is known for food purchases and transportation needs. You may keep this top portion for reference.

Cell Phone for Bruce Hansen: 515-975-1862 and e-mail address is bhansen@iadg.com

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This is to certify that _____ has my permission to accompany Boy Scout Troop 178 on the campout on May 10th, 11th, and 12th to Whiterock Conservancy near Coon Rapids, Iowa. I hereby release Bruce Hansen, Assistant Leader, 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.

_____

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
I will be going along on the campout and help as a chaperone. ( ) Yes ( ) No
Office use only: Paid Amount Check # Cash Rcd.