

**TROOP 61**  
**ACTIVITY INFORMATION and Permission Slip**

Activity: Backpacking Troop 1 Cabin

Place of Activity: Camp Tuscazoar - 6066 Boy Scout Rd. N.E.

Dover, OH 44622

Time/Place of Departure: February 26, 6:00 pm Asbury United Methodist Church

Time/Place of Return: February 28, 1:00pm Asbury United Methodist Church

Contact Name/Phone Number while at Activity:

CAMP RANGERS PHONE = 330-859-2288

John Lindeboom Cell 740-803-0293 (cell phone may not work at camp)

Jeff Robinson Cell 614-832-2498

**Misc. Information:**

Timber Sharks please plan carefully -- you're in charge!!  
Once we hike to Troop 1 Cabin we will be there until Sunday morning-be prepared!!  
Plan on a shake down during the 22<sup>nd</sup> Troop meeting for menu and equipment.  
Please bring permission slip and \$20 dollars to February 22<sup>nd</sup> Troop meeting.  
Questions call John Lindeboom or Jeff Robinson #'s above.

RECEIPT FOR CASH: \$ \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

**BOY SCOUT TROOP 61**  
**Activity Permission Slip**

Activity: Camp Tuscazoar Troop 1 Cabin Date(s): February 26-27-28

I/We hereby give permission for \_\_\_\_\_ to participate in this activity.

IN CASE OF EMERGENCY, I/We can be reached at \_\_\_\_\_ or \_\_\_\_\_ . I authorize the adult in charge of this activity to enforce the policies of the Boy Scouts of America and the policies of the Boy Scout troop. I/We hereby voluntarily waive any claim against the persons identified below for any and all occurrences which might arise:

- 1) Drivers who furnish transportation.
- 2) Leaders of Troop 61.
- 3) Leaders of the Boy Scouts of America (Local and National Council).
- 4) The chartered organization (Asbury U.M. Church).

No liability whatsoever is assumed or will be exercised by the undersigned. I also give permission for the adult leaders on this outing to authorize emergency treatment should such treatment be deemed by them to be necessary.

DATE: \_\_\_\_\_ NAME(S) PRINTED: \_\_\_\_\_

SIGNATURE(S): \_\_\_\_\_

