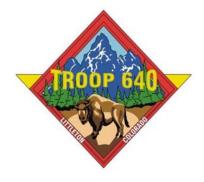
BSA TROOP 640 ACTIVITY INFORMATION FORM



ACTIVITY				
LEADER IN CHARGE				
CONTACT INFO	E-MAIL			
	PHONE			
DEPARTURE LOCATION or MEETING PLACE	DATE			
	TIME			
	LOCATION			
RETURN LOCATION or PICKUP PLACE	DATE			
	TIME			
	LOCATION			
COST	AMOUNT			
	(A	•		ult will be deducted from Scout's e sufficient funds in account)
	INCLUDES			
EQUIPMENT				
RETURN PERMISSION FORM	J	NO LATER	RTHAN	
		RETURN 1	го	
OTHER INFORMATION:				

KEEP THIS PAGE FOR YOUR INFORMATION RETURN ACTIVITY PERMISSION FORM (NEXT PAGE) BY DATE INDICATED

BSA TROOP 640 ACTIVITY PERMISSION FORM



ACTIVITY:		
Scout Name:	or Adult Name	(if Adult only):
Emergency Contact (not tra	veling with Scout):	
		Other Phone: written instructions to the designated adult
☐ Scout will be traveling sep	oom the departure location with the Tro parately from the Troop – he will be rid	op ing to and from the Activity with
Other notes related to Scout	's travel plans	
Adult Participation - Name: Indicate vehicle you will be of (check appropriate box) ☐ Adult will be driving from ☐ Adult will be driving sepan	Iriving (Year, Model, Make):	and has room for Scouts in vehicle Scouts in vehicle. Adult will be arriving and
☐ Adult will be carpooling v	with	
My son, the abovementioned \$640 Scouting program. In conseducational institution, which being of my son, I hereby agree	Scout, has my permission to attend the BSA sideration of the benefits to be derived and is voluntary, and having full confidence th	A Troop 640 activity noted above and to take part in the Troop in view of the fact the Boy Scouts of America is an at every precaution will be taken to insure the safety and wellipation, if I am attending) and waive all claims against the
son's and/or my activities exce adult leaders. I understand tha the event of any emergency, I summoning medical assistance	ept as noted. I understand that a copy of the tin the event of accident or illness, every expenses thereby give permission to an adult leader expense, and/or transportation including ambulant, x-rays and/or other recognized care/treating	ect to the best of my knowledge with no restrictions of my e Medical Form will be in the possession of drivers and other effort will be made to notify the emergency contact above. In to secure proper treatment for my son and/or myself, by ce or helicopter to a physician who may order hospitalization, ment as necessary for my son or me. I agree that any cost for

RETURN THIS PAGE BY DATE INDICATED ON PAGE 1

Parent/Guardian Signature: ____

What You Should Bring to the Campout:

General Campout
☐ A Friday Night Sack Lunch/Dinner (Troop usually does not stop for Dinner, some drivers do though)
□ Scout Uniform Class "A" (Scouts and ASMs will wear their Class A uniforms on Friday for traveling!!!)
□ Scout Uniform Class "B"
☐ Scout Handbook (prepare for Requirement sign-offs, bring a few pieces of paper and a pencil/pen, too!)
☐ Rain Gear/Cold Weather Gear depending on forecasts
☐ Scout Hat (Scouting appropriate)
☐ Warm Clothes for the evening
\Box 2 change of clothes, in case one of them gets dirty or they get wet
□ 10 Essentials Fanny Pack (Including compass, knife, and rope)
☐ Sleeping Bag, Sleeping Pad & Small Pillow (bag warmth should be appropriate for the season!)
☐ Water Bottle (1 litre <i>minimum</i> , more depending on campout activities!)
☐ Toiletries (Primarily a toothbrush and toothpaste)
□ Sun Screen/Sun Glasses
□ Flashlight
☐ Insect Repellant
☐ Personal Cup to keep the trash down
☐ Best way to bring extra clothes is in a duffle bag or stuff bag/Gym Bag
Troop/Patrol Leaders Will Bring
☐ Tents & Ground Clothes
□ Patrol Boxes, cooking utensils, if needed
□ Patrol Food
☐ Water Jugs (Not to be confused with individual Water bottles)
DO NOT BRING
□ Electronics