

Pack 909 Trip 2010-Chippokes Plantation/Jamestown, VA

Siblings and parents are invited.

Deadline to sign up and pay fee is *March 19th*

Date: April 23 rd to 25 th	Time: Depart Friday from Parkway Presbyterian at 12PM. Arrive Chippokes Plantation ~ 6PM.
Where: Chippokes Plantation State Park and Jamestown, VA	Meals: <i>Bring or Eat Lunch before departure, Dinner will be provided to the boys on the way; Sat. breakfast, lunch and dinner and Sun. breakfast provided by Pack.</i>

Bring a bag lunch or eat before departure on Friday. We will arrive on Friday evening at the Plantation and setup camp, a field away from the normal camping areas will be used. The campsite will have a fire-ring and a Port-a-John; a shower house is available ~ 1 mile away. Saturday we will have activities on the Plantation, a Ferry Ride to Jamestown, with organized tours and activities in Jamestown, then a return ride to the Plantation. Sunday, we will have a small service project to perform on the Plantation, pack up the campsite, then a possible final activity prior to departing back to Winston-Salem. A detailed agenda will be provided in April. We plan to depart to Chippokes Plantation by 11 AM and arrive back at Winston-Salem ~ 6PM Sunday. Please check the website (www.pack909.com) in April for recommended camping gear for this event; we will be tent camping.

BSA Camping rules require that we have a minimum of two adult leaders with at one adult for every four Cub Scouts and each Tiger Cub must have his parent accompany him to all Scouting functions. We must have a completed Class 1 medical form on file for all boys attending any Scout Campout or Trip (these should have been filled out in August). A Pack T-Shirt (\$10.00 each) is required for any Campout. When traveling to or from this Pack event, Cubs and Leaders should wear their Class A Uniforms.

-----Sign form below and cut along this line-----

Cub Scout(s) Name(s): _____

Sibling Name(s): _____

Parent(s) Name(s): _____

Phone Number: _____

Email: _____

Special Considerations for your son's attendance: _____

Number of Cubs	X	\$ 45.00	=		If this is a Popcorn prize write <u>50/50</u> or <u>100%</u> in box to indicate the level of prize won.
Number of Siblings 5 & Under	X	\$ 0			
Number of Siblings 6 to 12	X	\$ 45.00			
Number of Adults/Leaders 12 & up	X	\$ 45.00	=		
Total attending here →	How many will be camping with the group?				
Total Being Paid →			=		<u>Make checks to Pack 909</u>

Pack Trip shirt is included in the price for every paid person attending 6 and up. Please indicate Pack Trip T-shirt Sizes (extra t-shirts are \$12 each). Sizes and quantity cannot change after deadline date.

M-Y outh	L-Y outh	S-A dult	M-A dult
L-A dult	XL-A dult	XXL-A dult	XXXL-A dult

I have read and understand and agree to these terms as documented on the back side of this form.

Signature _____ Date _____

Turn in to Den Leader, or mail to: Cubmaster Robbins, 707 Lynn Dee Dr., Winston-Salem, NC 27106

Please Read Carefully—Pack 909 Camp Policy – Camping and other Pack paid events are enrichment activities intended to stimulate growth and benefit the development of our young Cub Scouts. Often, the Pack must prepay for events or supply. If, for some reason, you must pull out of a Pack paid activity for which you signed up yourself or your Cub, we ask that you reimburse the Pack that amount. If the event is canceled by the event sponsor, their reimbursement policies will apply, and reimbursement to the Pack and parents will be given accordingly.

Boy Scouts of America Hold Harmless Agreement – I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.