

Troop 271 - Miakonda Holiday Camp

When: December 13 – 15 (Friday – Sunday), 2019

Arrive to St. Michael at 6:00 p.m. to load cars
Be ready to depart St. Michael at 6:30 p.m.
Returning Sunday approx. noon to St. Michael

Where: Miakonda Boy Scout Camp
5600 W. Sylvania Ave.
Sylvania, Ohio

- Cost:**
- \$45.00 per scout / participant
 - Webelos -- free of charge - **must have parent/guardian attend camp with them**
 - \$20.00 - Webelos parent/guardian attending camp
 - \$10.00 – Per additional family members/guests attending Saturday dinner only

Payment Due: Nov. 24, 2019 or earlier (preferred)
Cash, check (payable to Troop 271) or Troop account
Each scout is requested to bring a dessert for 8 people



Additional:

We will NOT be stopping for dinner on Friday – please eat beforehand.
We will be camping in cabins, but be prepared for cold and possible snowy weather.

Need more Information?

Contact **Co-Camping Chairman Mark Lauzon** at markandamyl@yahoo.com
and/or **John Myers** at idmyers@yahoo.com

Retain upper half of this form for your reference
Turn in lower half of this form

Permission Slip (only one permission slip per Scout/Scouter)

_____ has permission to attend the following Troop 271 Miakonda Holiday Camp in Sylvania, OH. With respect to my son's personal care and in consideration of benefits to be derived, as my agent, any adult scout leaders, local or national councils or their representatives shall have the power to make each and every judgment necessary for the proper and adequate care of my son. I expressly waive all claims against the Boy Scouts voluntarily and without inducement in connection with this scouting trip. You have my medical authorization for his medical care as hereby consented to or implied due to an emergency medical condition. My son's medical condition is good unless noted otherwise below.

PAYMENT

Scout's Phone _____
Current Medication _____ (Please specify daily details on the lower, back, half of this form)
Allergies _____ (Please specify daily details on the lower, back, half of this form)
Emergency Phone _____
Parent's Signature _____
Adults Attending _____

Amount: \$ _____
<input type="checkbox"/> Cash
<input type="checkbox"/> Check No: _____
<input type="checkbox"/> Scout Account

Please let us know how many family members (including scouts) will be attending dinner: _____

Adult Driver: YES or NO

Total persons per this car including driver _____