TROOP 805 2015 WENTE SUMMER CAMP



Boy Scouts interested in attending Troop 805 Summer Camp at Camp Wente 2015 will need to fill out a reservation form to reserve a spot. Please review the information below and cost schedule. Please return completed camp reservation form, permission slip and payment to Mr. Chan no later than **December 16th. 2014**.

Camp Wente, Willits, CA July 12th – July 18th, 2015 Cost: \$450

Camp Wente offers tall Douglas Fir trees and golden meadows. The 80-acre lake offers a natural setting for swimming, sailing, boating, and canoeing. It is considered one of the warmest lakes in the state. Wente offers a chance to

backpack, sail, mountain bike, fish, ride horses, and go rock climbing all in one week. Scouts may try their hand at black powder musket firing, kayaking and rappelling. Wente is rich in wildlife and allows for the study of conservation, reforestation, wildlife management, woodcraft and nature study. Rifle, shotgun, and archery shooting are also popular activities. The campsites have tents on platforms. There are showers and meals are served in a dining hall.

Troop 805 has a limited number of slots for scouts and scouters. To assist us in planning, we are asking you to indicate your interest in attending Camp Wente.

To secure a reservation, please complete the attached reservation form and return it to the Scoutmaster with a check for \$200 made payable to *Troop 805* no later than **December 16th. 2014**.

Please note that, as in the past, the \$200 deposit is not refundable although transferable to another scout.

Summer 2015 – Camp Wente Reservation Please return this form to

Mr. Chan no later than December 16th, 2014

Scout Name:		
Address:		
Telephone:	Email:	

Camp Wente Scout Ranch, Willits, CA July 12th – July 18th, 2015

First Deposit Due by December 16 ^h , 2014	\$200	Date Received:
Second Deposit Due by January 27, 2015	\$100	Date Received:
FINAL Deposit Due by February 24 th ,	\$150	Date Received:
2015		

Checks are payable to **Troop 805** and should be submitted to Mr. Chan.

Please submit this camp reservation form with \$200 deposit by December 16th, 2014 and pay the rest in increments as per the schedule above. NOTE: The \$450 cost will cover summer camp fees, and patches. It DOES NOT include transportation fees. We will determine transportation cost at a later date.

IMPORTANT NOTE:

For your Scout to attend Summer Camp, we must have the following:

- 1. Wente Camp Reservation Submit to Mr. Chan by December 16th, 2014
- 2. FULL payment (\$450) is received by February 24th, 2015
- 3. Permission Slip is filled in, signed, and submitted by December 16th, 2014
- 4. BSA Annual Health and Medical Record (Parts A, B, and C) Rev. 2014 version is completed and submitted to Troop 805 no later than **June 9th** . **2015**

NOTE: BSA Annual Health and Medical Record – Part C requires a physical exam by a licensed doctor. Please plan accordingly.

Thank you in advance for your interest and help on this.

If you have any questions, please contact Ray Chan (ray4scouting@gmail.com) 925-548-6179

BOY SCOUTS OF AMERICA - TROOP 805

INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

Wente Summer Camp, Willits, CA-July 12th - July 18th, 2015

emotionally dem participate in this abide by applica coordinators, and	nanding. I have carefully a activity. I also understandards rules and standards	considered that dather that participal of conduct. Is, participants,	to attend the sinvolves a certain degree of risk and the risk involved and have given constation in this activity is entirely volunt release the Boy scouts of America related parties, or other organizations ion.	sent for myself or my ch tary and requires participa , the local council, the ac	nild to ants to ctivity
approved archery		the participar	give express consent for a qualified rant for the purpose of instruction in the		
fever, inflammat of emergency in hereby give my p hospitalization, a adult in charge e follow-up and co	ion, pain; Benadryl for all volving my child, I under permission to the medical nesthesia, surgery, or inje- xamination findings, test permunication with the pa	ergic reactions estand every ef provider selec- ctions of medic results, and tre articipant's par	ver-the-counter (OTC) medicines as now, nasal allergies, hives and itching; Location will be made to contact me. In steed by the adult leader in charge to secution for my child. Medical providers eatment provided for purposes of medications or guardian, and/or determination assures will be taken to safeguard the leader to the safeguard	omotil for diarrhea; etc.) In the event I cannot be reach cure proper treatment, including a are authorized to disclose cal evaluation of the partic on of the participant's abil	n case thed, I luding to the cipant, lity to
Name of Parent	or Guardian (<i>please prin</i>	ıt):			
Signature:			Date:		
Home Phone: _			Cell Phone:		
Name: The following in	formation relates to my so	n:	ce notify the person named below: Cell Phone: Phone:		
			Policy No:		
	tinent medical information				
Anergies or per	inent medical miol matic	on (mei. Ka &	ore meas).		
Drive?	Vehicle	Tour No. of	Plan Information	Auto Insurance	
(Check if Yes)	Year / Make / Model	Passengers	Driver's License / Name / Cell Phone	(Min.: \$50K/\$100K/\$50K)	
To:					
From:	(Reminder: Paren	nts are requested to provide	Troop transportation on at least two outings per year.)		
REGISTERE	D LEADERS: Will you b	e participatin	PARTICIPATE TO MEET BSA REC	QUIREMENTS.	
Youth Protect	ion Trained? Yes: □ Y	r expiration (uate:		