



## Troop 32 – Eagle Cave

**Date:** Friday March 13<sup>th</sup>-Sun March 15<sup>th</sup>

**Where:** Eagle Cave, 16320 Cavern Lane, Blue River, WI 53518

**Time:** Fri, March 13<sup>th</sup> 6 PM-Sun March 15<sup>th</sup> Noon

**Cost:** \$85 per person, to cover, cave rental and milage. All meals are provided Saturday and Sunday Breakfast at Eagle Cave.

**What:** Cave Camping

Be Prepared! Scouts should EAT dinner or pack a dinner for Friday night. Bring Clothes and Shoes that have NEVER BEEN IN A CAVE BEFORE, that can get dirty, muddy, damp, and ruined.

Bring: Sleeping Bag, Tarps, Head Lamps, Hat, Glove, Coat, change of clothes

We need T32 adults to help chaperoning this and those chaperones must also pay the fee. Come have fun!

-----cut along line and return with payment-----

**Troop 32 Eagle Cave , March 13-15**  
**Eagle Cave, 16320 Cavern Lane, Blue River, WI 53518**

I, the parent or legal guardian of Scout \_\_\_\_\_ acknowledge that I have been informed that he will be dropped off at First Methodist Church. I also understand that the planned activities include caving, camping in a cave.

I hereby give my full consent and permission for this event and to engage in all prescribed Boy Scout activities for this Troop 32 outing. I understand the activities may be rigorous and that they may involve risk of serious injury. My son is in good physical condition and is fully able to participate in all prescribed activities. I have carefully considered the risks involves and agree to hold Boy Scouts of America, Three Fires Council, Troop 32, BSA volunteers, St. Catherine's Parish, their respective officers, agents, representatives, and employees harmless from all personal injury and illness arising out of, or resulting from, participation in such activities, including travel to and from such activities. The health history of my son, set forth in the Class 1 Personal Health History, is accurate unless any modifications are indicated below:

In the event of illness or accident in the course of such activities, I request that measures be instituted without delay as the judgment of Scout Leaders, volunteers, and medical personnel dictates.

Date \_\_\_\_\_ Signature of Parent and/or legal Guardian \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone \_\_\_\_\_

I can help with driving  Check, payable to Troop 32  Cash  Charge my account

**Turn in this form with payment at any Troop Monday meetings in advance. If you can't make it there, please \*\*email reply your intent before 01/12/20 to [shafpa2003@yahoo.com](mailto:shafpa2003@yahoo.com). We must know in advance how many are planning to attend so we can pre-pay for this event!**