



Troop 72 Shore Camp-Out  
August 7-9, 2009  
Cape May Coast Guard Base, Cape May, NJ  
Cost - \$30



Permission form (on Troop website) and Payment due July 13

- Thu., Aug. 6      7 PM - Camp Spirit with YOUR gear to pack the trailer
- Fri., Aug. 7      1:45 PM - Arrive Camp Spirit - Leave at 2 PM  
Arrive Cape May Coast Guard Base ~5 PM  
Set up campsite - Prepare and eat dinner (Troop cooking)  
Evening - Games in the field, cards...
- Sat., Aug. 8      Wildwood Crest Beach during the day  
Frogmore Stew for dinner - a Troop 72 tradition!  
Wildwood Boardwalk during the evening (Bring cash)
- Sun., Aug. 9      Breakfast and Scout's Own Service at campsite  
Lunch on the way home (Bring cash)  
Arrive Camp Spirit ~4 PM (We'll call on the way home)  
NO scout leaves until EVERYTHING is put away or hung up

**What TO bring:** TENT (personal or Troop tent) and ground cloth, MESS KIT (including utensils - NO disposables!!), SLEEPING BAG, appropriate clothing (including swim gear and rain gear!), flash light, bug spray (NON-aerosol), sunscreen, beach towel, beach chair, footwear for beach, boogie boards, beach games/toys, spending money (boardwalk, lunch coming home). Surfboards may be brought, space permitting!

**What NOT to bring:** Lighters of ANY sort, electronic games, disposable plates or utensils, ANYTHING valuable. MP3 players, etc. are ONLY allowed in the car traveling to and from Cape May, and ONLY with headphones.

Questions? Call John Derhammer (610-395-8884) or Robin Fitch (610-391-0198)



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## Permission Slip

**Due with payment by July 13**

\_\_\_\_\_ has my permission to attend the:  
**2009 Troop 72 Shore Camp-Out.**

During the event I can be reached at (Phone): \_\_\_\_\_

If I cannot be reached in the event of an emergency, the following person should be contacted:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTE:** It is the parent's responsibility to see that their son takes any necessary medication on Troop events. If it is particularly important that the medication schedule not be disrupted, be sure to notify one of the leaders attending the event of the required dosage and schedule.

Medications and dosage: \_\_\_\_\_

Please list any health concerns, allergies to medication, etc. that would be helpful in an emergency:

\_\_\_\_\_

Adult who will pick up and take your Scout home after the event:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**In the event of an emergency, the adult in charge is authorized to act on my behalf.**

\_\_\_\_\_  
Scout's Signature

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

