



Troop 72 Shore Camp-Out
August 20-22, 2010
Camp Joseph A. Citta & Long Beach Island, NJ
Cost - \$36



Permission form (on Troop website) and Payment due August 9

- Thu., Aug. 19 7 PM - Camp Spirit with YOUR gear to pack the trailer
- Fri., Aug. 20 1:45 PM - Arrive Camp Spirit - Leave at 2 PM
Arrive Camp Joseph A. Citta ~5 PM
Set up campsite - Prepare and eat dinner (Troop cooking)
Evening - Games in the field, cards...
- Sat., Aug. 21 **Surf City or Ship Bottom Beach** during the day
Frogmore Stew for dinner - a Troop 72 tradition!
Boardwalk/Amusements during the evening (Bring cash)
Location TBD on Saturday
- Sun., Aug. 22 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) 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 while traveling, and ONLY with headphones.

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



Shore Camp-Out August 20-22, 2010

Permission Slip

Due with payment by August 9

_____ has my permission to attend the:
2010 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

