

Devils Hopyard State Park Sept 2017
Sept 22nd to 24th
Located in East Haddam, CT

- This form must be completed and returned by Sept 17th.
- Scout _____ has my permission to attend the Devil's Hopyard Scout Troop 880 in East Haddam, CT.
- Emergency medical treatment is authorized in case parents cannot be contacted. Phone numbers where parents may be reached in an emergency during the trip. (_____-_____).
- We will be meeting at church at 5:30pm on Sept 22nd and returning around 10 am on Sunday Sept 24th. (Scouts should have had dinner before departure)
- This trip is Patrol cooking. Saturday breakfast, lunch & dinner and Sunday breakfast.
- Will Scout be bringing any medications or inhalers? Yes _____
No _____
- Is the scout allergic to any foods or insect bites? Yes _____ No _____ if yes, please explain.
- _____
Please provide name of medications / inhalers _____. All medications need to be in original container and handed to Scout leader by parent.
- _____ I can drive _____ I have room for _____
- _____ I will be attending as an adult leader
- Cost: \$10.00 per person.
- Name of Parent _____
- _____
- Signature _____ date _____
- _____
- Hand in or mail to Mr. Maneeley
- 326 Quarry Brook Drive
- South Windsor, CT 06074
- Phone: 882-3111 Cell