

Troop 880 Camp Seton NYC trip
March 16th – March 18th
Located in Greenwich, Connecticut

- This form must be completed and returned before March 11th
 - Scout _____ has my permission to attend the Camp Seton Trip to NYC.
 - Emergency medical treatment is authorized in case parents can't be contacted. Phone numbers where parents can be reached in an emergency during the trip. (____)-_____.
 - We will be meeting at church at 5:30 pm on March 16th and returning about 11:00 am on March 18th.
 - This trip is Patrol Cooking for Saturday Dinner. The Troop will do breakfast Saturday and Sunday morning.
 - 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.
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- 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: \$40.00 per person.
 - Name of Parent _____
 - Signature _____ date _____
 - Hand in or mail to Mr. Maneeley 326 Quarry Brook Drive S.
Windsor, CT. 06074