

**BOY SCOUTS OF AMERICA  
TROOP 574**

**PARENTAL CONSENT FORM**

In consideration of and recognizing the educational benefits to be derived through this activity and through involvement in the Boy Scouts of America, I consent to the participation of my son(s) in the activity described below and agree to pay the associated fees.

Description of activity: **Astronomy Campout**

Activity dates: **November 9-10, 2013**

Fees: **\$30 per person**      **Due October 28, 2013**

\$ \_\_\_\_\_ Scout Account      \$ \_\_\_\_\_ Cash      \$ \_\_\_\_\_ Check # \_\_\_\_\_      Recv \_\_\_\_\_

Departure date and time: November 9, 7:00 AM  
Return: November 10, approximately 1:00 PM

Parent Name (print): \_\_\_\_\_

Scout name(s) (print): \_\_\_\_\_

Telephone(s): \_\_\_\_\_

Parent Signature: \_\_\_\_\_      Date: \_\_\_\_\_

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**Parent Participation**

I plan to attend this event.

I CAN / CANNOT provide transportation for this event.

If providing transportation, number of seats available for non-family members: \_\_\_\_\_

Please list any special needs or medications

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