

February 6- 8, 2009 – Ski Trip Cascade Mountain Ski Resort/Camp Gray

Boy Scout Troop 69 is going skiing at Cascade Mountain Ski Resort. We will be staying in the St. Vincent Retreat Center at Camp Gray in Reedsburg, Wisconsin. The retreat center has 15 sleeping rooms with 4 to 6 beds per room (a total capacity of 75). It has a lounge with a fireplace, television, DVD and VCR, bathroom and shower facilities. If renting, the attached rental form must be completed and signed.

WHEN: Meet at the Sears Essentials parking lot on Friday, February 6 at 5:30 p.m. Scouts will be returned to Sears Essentials between 12:00 and 2:00 p.m. Sunday.

WHERE: Cascade Mountain: 800-992-2SKI Camp Gray: 608-356-8200

FEE: Please note that rates are based on a total of 15 adult leaders and older scouts (13 and older) skiing and a minimum of 25 sleeping overnight at the retreat center. Rates significantly increase if these minimums are not met.

Fee is \$100 for scouts 13 and older, \$80 for scouts 12 and younger, and \$125 for adults. Scouts and adults who have their own approved equipment can deduct \$24. Adults driving will also be reimbursed for gas at a rate of \$10 per scout and adult in vehicle (including the driver).

BRING: Sleeping bag/pillow, flashlights, mess kit, warm clothing for skiing, and other regular camping gear.

CONTACT: Kris Cramer, Scoutmaster 847-934-0079
Norbert Krogstad, Activities 847-991-3406
William Krogstad, Senior Patrol Leader 847-420-1601

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As witnessed by our signature, we hereby voluntarily waive claim against the Boy Scouts of America, Northwest Suburban Council, Troop 69, its Chartered Organization, and all adult leaders connected with this troop outing for any and all causes that may arise in connection with the activity listed above concerning our son or ward.

We further do hereby authorize any doctor and/or medical institution to render emergency medical treatment for injuries or illnesses sustained by our son or ward during this activity or outing. We will pay all expenses for said treatment in the event these expenses are not covered by insurance.

Name of Scout and adult(s) attending the outing:

List medicine needing to be dispensed (dose and times needed) _____

List any allergies or other conditions we should know about _____

Parent/Guardian Name _____ Emergency Telephone _____

Parent/Guardian Signature _____ Date _____

Leader Driving? (not families) _____ Total capacity of vehicle? _____ Year/Make/Model of Vehicle _____

Drivers License # _____ Ins. limits (pub. liab./prop. Dam.) _____

Return permission slip & rental agreement (if applicable) by January 14, 2009.