

Ramseyer Farms ▶ October 11, 2020

Location .. Ramseyer Farms, 4000 Ramseyer Ln, Wooster, OH 44691

Type..... This is an outdoor event for Fall Fun at Ramseyer Farms. It will proceed rain or shine. Bring a hat and any clothing appropriate for the weather.

Meals..... A variety of food options are available for purchase. Please bring a water bottle and any additional snacks you like.

Cost..... \$13.00 per person for general admission.

Deadline.. **Signed permission slip and payment due to Pack Secretary by September 27th, 2020**

Meet.....Meet at St. Columbkille, east of school/parish garages at @ 12:00 PM, depart promptly at 12:10 PM for location. The farm is open from 1:00 PM – 6:00 PM.

Return:.....To St. Columbkille/home by 7:00 PM.

Other.....

- Scouts are expected to wear a “Pack 470” (Class-B) T-shirt during the Fall Fun event at the farm.

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Cub Scout Pack 470

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Parents: Complete the following information and return this portion to the Pack Secretary along with \$13.00 per person for general admission no later than the Pack Meeting on Sunday, September 27th by 6:00 PM.

Scout _____ will attend the event and has my permission to participate. He will pay his

attendance fee in: [] cash; [] check # _____. In case of emergency please contact _____ at

(_____)_____. As a parent, I recognize that this event requires my assistance.

I will: [] attend the event (\$13); [] transport (complete chart below); [] Other _____

I understand it is my responsibility to provide or arrange timely transportation for my Scout to and from this event.

KIND, YEAR, AND MAKE OF VEHICLE	NUMBER OF PASSENGERS	OWNER'S NAME	DRIVER'S LICENSE NUMBER	WILL EVERYONE WEAR A SEATBELT?	PUBLIC LIABILITY INSURANCE COVERAGE		
					PUBLIC LIABILITY		PROPERTY DAMAGE
					Each Person	Each Accident	
					\$	\$	\$

I also understand that this event includes a certain degree of risk that could result in injury or death. In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Parent signature

Date

Payment received for event

By _____ Date: ____/____/____