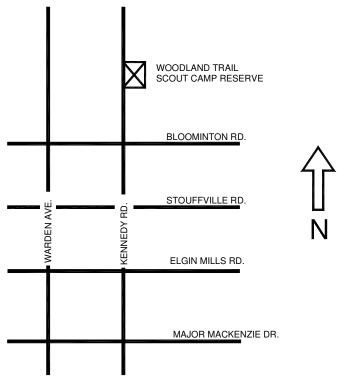


8th Markham, Scouts Canada (2017 – 2018)

8TH Markham Winter Camp:

| Date of Camp: February 23 (l | Friday) to February 25 (S | Sunday), 2018 | | |
|--|---|--|--------------------------------------|-------------------|
| Camp Location: Woodland Tr 14919 Kenne | ail Scout Camp, Leatham dy Road, Stouffville, Ont | | | |
| Cost: \$45.00/person | | | | |
| Time: Arrival: 7:00 – 8:00 p.ı Departure: 12:00 p.m. | m. February 23, 2018 February 25, 2018 – Plea | ase pick up your chi the camp site | ildren at this time at | |
| No uniform is required excep | t Neckerchief. | | | |
| Dinner is <u>NOT</u> provided on Fr | iday, February 23, 2018. | | | |
| On site contact persons: | Scouter Peck Scouter Karen Scouter Elaine Scouter Arthur Scouter Reno Scouter Desmond | (647) 202-4617 (647) 504-8177 (416) 456-8098 (416) 723-0909 (647) 887-3665 (416) 892-2332 | Beaver Cub Troop Venture | |
| Form to be returned by Dece all sections except Beavers, w | | | ^h Markham, Scouts Canada" | . Camp opens to |
| ******** | ************************************** | e And Return**** | ******** | *** |
| I do/do not (<i>cross out one</i>) p on February 23 - 25, 2018 (<i>c</i> signing this form gives perm Health Form if required. | cross out one). I underst | tand that there is a | an inherent risk in this or an | y activity and in |
| Signature: | Date: | | | |
| Number of persons attending | g: Adults; You | uths | | |
| If the youth is not attending, | please state reason: | | | |
| Emergency Phone Number: _ | | | | |
| Please list any allergy, dietary | restriction or medicatio | n being taken that | the Leader(s) should be awar | e of: |
| | | | | |



NORTH ON KENNEDY, PASS BLOOMINTON. ABOUT 5 MINUTES ON THE RIGHT HAND SIDE. WATCH FOR THE SCOUTS SIGN.

Please use Coordinates 44.0181, -79.343099 if you have GPS device.

Address: 14919 Kennedy Road, Stouffville, Ontario