



Royal Rangers Outpost #198

Advancing
His Kingdom.
Together!
for such a time as this.



**Bethel Assembly of God, 2075 Fish & Game Rd.
Littlestown, PA 17340**

Permission Slip

To attend the

West Division Fall Camporee

Son's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthday: ____/____/____ Phone: _____ - _____

Emergency contact person: _____ Relation: _____

Phone: _____ - _____ - _____

I (we) grant permission for _____ to attend the Penn-Del West Division Fall Camporee. This event will be held at Laurel Hill State Park, near Somerset, PA.

_____. I (we) understand that in the event that medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the Royal Rangers staff to secure medical services to provide the care necessary for my son's well being.

Signature of Parent/Guardian: _____ Date: _____

IMPORTANT: Please be sure that you have filled out an Emergency Medical Information form and a Medical Treatment Authorization form (and returned it to your son's commander) for the current year.