



St. John the Baptist Catholic Church, Zachary, Louisiana

PACK 72 – USS KIDD 2010

Location: USS KIDD Veterans Memorial Center

Date: March 12th to March 13th, 2010

Monday, February 8th

- Registration, Dog Tag orders and money are due (I know this is early, but we are required to make full payment for the trip to the USS Kidd 30 days prior to our stay. We can add, but space is not guaranteed. We will not be able to reduce our head count and get a refund after this deadline.)

Friday, March 12th

Arrival

- Check in 6:30 to 7:00 pm

Evening Activities

- 7:00 pm - Orientation film and Safety Briefing
- 7:45 – 8:15 pm – Move gear to the KIDD
- 8:15 – 9:30 pm – Guided tour of the USS KIDD
- 12:00 midnight – Lights out

Saturday, March 13th

Reveille 6:30am

- Depart the Ship by 7:00
- Breakfast (McDonalds sausage biscuit and milk) is served at 7:30 in the Snack Bar

PLEASE BE SURE TO VISIT THE BULLETIN BOARD ON SCOUTTRACK OR THE PACKS WEBSITE TO VIEW THE RULES AND REGULATIONS SET FORTH BY THE USS KIDD MUSEUM



St. John the Baptist Catholic Church, Zachary, Louisiana

PACK 72 - USS KIDD 2010 REGISTRATION FORM

PARENT/GUARDIAN _____

ADDRESS _____

PHONE NUMBER _____

E-MAIL ADDRESS _____

REGISTRATION FOR REGISTERED SCOUTS

SCOUT NAME	TIGER	WOLF	BEAR	WEB 1	WEB 2	BOY SCOUT /CREW
TOTAL REGISTERED SCOUTS						

TOTAL CAMPERS _____ X \$21 = _____

FEBRUARY 8TH IS THE LAST DAY TO REGISTER REGISTRATION FORM FOR LEADERS, ADULTS & SIBLINGS

NAME	LEADERS	SIBLING AGES 6 & UP	ADULT
TOTAL			

TOTAL CAMPERS _____ X \$21 = _____

FEBRUARY 8TH IS THE LAST DAY TO REGISTER

CLASS 1 MEDICAL FORMS ARE REQUIRED FOR THIS CAMPOUT

MEDICAL RELEASE FORM / PERMISSION SLIP

My son/daughter _____ has my permission to participate in the Overnight Camping program aboard the USS KIDD in Baton Rouge, Louisiana. In the Event of a medical Emergency. _____ has my permission to seek medical care for my

(Name of Group Coordinator)

son/daughter

(_____) _____ - _____
(Emergency Contact Number)

(Signature of Parent or Guardian)

(Name of Insurance Provider)

_____/_____/_____
(Date Signed)

MILITARY STYLE DOG TAG SET ORDER FORM

\$6.50 (includes tax) EACH DOG TAG SET (Includes two dog tags and a 30" chain.)

\$1.00 (includes tax) (Rubber Silencer Set for Dog Tags)

Please fill in the boxes below with the information that you wish to appear on your dog tag. Both tags are printed EXACTLY as you indicate below. PRINT NEATLY USING ALL CAPITAL LETTERS. Each line has 14 characters (including spaces). Only symbols not requiring the shift key are allowed. Leave a box blank if you want to skip a space between words.

Customer Name: _____ (Identification Purposes Only - This line does not appear on the tag.)

USS KIDD (USS KIDD will appear above the first line.)

1st LINE

2nd LINE

3rd LINE

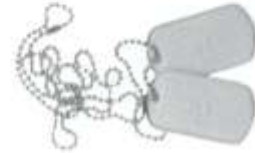
4th LINE

STORE USE ONLY: Staff Member _____ Date _____ Paid Tag Made

Please check item(s) ordered:

____ Military Dog Tag Set (\$6.50 including tax)

____ Rubber Silencer Set (\$1.00 including tax)



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