



Surveying Merit Badge Overnighter Jackson, Wisconsin September 23 & 24, 2017



Activities:

Learn surveying techniques on Saturday afternoon and evening and Sunday morning

Fees:

No Charge

Cooking:

Saturday Supper and Sunday Breakfast are included

Leveling, Drafting, Pacing, GPS & Polaris
While earning this merit badge, Scouts will discover how land is measured and how it is described so that others can know where boundary lines are. They will have a chance to use some fine measuring instruments, apply advanced mathematics, operate computing equipment, and create a survey map.

Bring:

- Bring
- Tent
- Rain Gear
- Extra Clothes
- Sleeping Gear
- Flashlight
- Bug Spray
- Sun Location
- Class "C" uniform
- Bag lunch for ride up

Don't Bring:

- Cell Phones (youth)
- Sheath Knives
- Electronics
- Fireworks



Emergency Contact:

To be supplied when attendees are known

Travel Plans:

Meet at St. John's Saturday 11:30 am
Return to St. John's Sunday 12:30 pm

Scouts must be accompanied by a leader or parent

Return permission slip by Aug 15th 2017

Leadership to be determined

Hosted by Turning Point Systems Group and Wisconsin Society of Land Surveyors



Potawatomi County Council Troop 16 Boy Scouts of America

I hereby grant permission for my son, _____ to go to Surveying Merit Badge Overnighter Jackson, Wisconsin. Meet at St. John's, Saturday 11:30 am. Return to St. John's, Sunday 12:30 pm.

- | | |
|----------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Father/Mother will go | <input type="checkbox"/> We can transport _____ persons including driver |
| <input type="checkbox"/> Father/Mother will not go | <input type="checkbox"/> Any condition now requiring medication or treatment: _____ |
| <input type="checkbox"/> Father or Mother can drive out | |
| <input type="checkbox"/> Father or Mother can drive back | |

During this time, I may be reached at:

_____ (_____) _____
Address City Phone

In the event I cannot be reached and emergency medical treatment is required, you may contact:

_____ OR
Name Phone

You may authorize medical authorities to prescribe such Treatment

Date ____/____/2017 Signed _____

Return permission slip by August 15th, 2017