



The year 2010 marks the 100th Anniversary of the Boy Scouts of America, and, of course, the corresponding National Jamboree. The leadership of nine Wisconsin and Upper Peninsula Councils met late last 2006 to discuss how we could be a part of this grand event and to support the class of youth that miss out on the 2010 Jamboree (as a youth) due to shifting it to Scouting's anniversary. All nine councils agreed to hold a regional event worthy of this "once in a lifetime" anniversary. Hence, the Great Lakes Centennial Jamboree was born! Scheduled for September 25th to 27th of 2009, the event has two main goals:

- Ø Celebrate 100 years of Scouting in America
- Ø Provide our youth with an opportunity on par with the 2010 National Jamboree

Troop 61 will participate in this exciting event. All Scouts and adult leaders need a up to date Class 1 Health Form. Most Scouts already have this updated form from Summer Camp. Those not having an updated form will need to complete one prior to going to the Jamboree. A class 1 Scout Uniform is to be worn at all time during the Jamboree event. A Boy Scout Uniform shirt with the proper emblems attached will be sufficient. There is no need to purchase official Scout pants. Details on departure and return times as well as a suggested packing list will follow later.

Fee: \$20 until Friday, September 4, 2009  
 \$30 after Friday, September 4, 2009

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**Great Lakes Centennial Jamboree-Permission Slip for September 25th to 27th, 2009**

Permission is hereby granted to Scout(s) \_\_\_\_\_ to attend the Great Lakes Centennial Jamboree at the EAA Grounds, in Oshkosh, WI from September 25th to 27th, 2009 with the Scouts and Adult Leaders of Boy Scout Troop 61, Mother of Good Counsel Congregation, under the leadership of the Troop Committee. In consideration of the activities that will be undertaken at this event, I hereby hold harmless the Troop Committee, the Troop sponsoring institution, the Mother of Good Counsel Congregation and the Boy Scouts of America for any claims on behalf of my said son because of any injury or illness incurred.

Signed: \_\_\_\_\_ Parent or Guardian.

Fee: Amount \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Health Form (Y/N) \_\_\_\_\_