

Torrey Pines State Beach Beach Cleanup

Date: Saturday, September 19th, 2009

Time: 8:45AM - 12:00 Noon

Place: Torrey Pines State Beach
East Parking Lot off Carmel Valley Road

(Let ranger know you are here for the cleanup so parking fee is waived)

Join us as we participate in the 25th Annual Coastal Cleanup Day
to clean up Torrey Pines State Beach.



BRING:

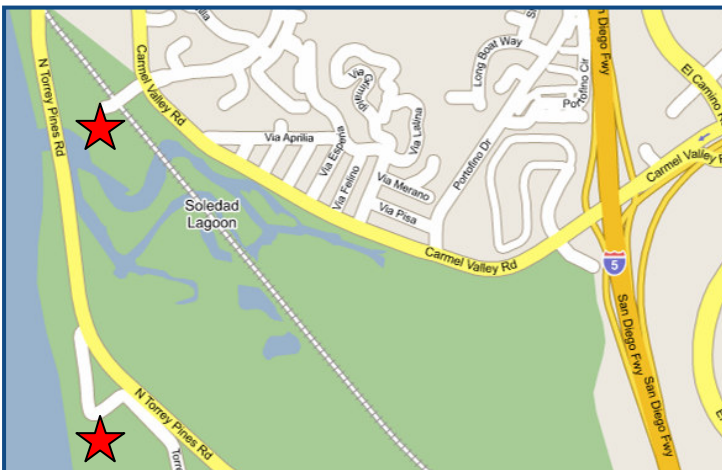
- Permission Slips !

Please complete the Pack734 slip attached and Coast Cleanup waiver provided.

- Sunscreen
- Bottle of Water
- Gloves

WEAR:

- Shorts or Jeans
- Class B Pack T-Shirt
- Boots or Shoes (No Sandals)
- Hat



DIRECTIONS:

- From Interstate-5
- Exit Carmel Valley Road
- West on Carmel Valley Road
- Left at McGonigle Road
- Gather Near Restrooms

PATCH:

- Cubs check in with the group leader to order patches.

PERMISSION SLIP

PACK 734 plans an outing to: **TORREY PINES STATE BEACH - BEACH CLEANUP**

Date / Time of Departure: **Saturday, September 19th, 2009 at 8:45 AM**

Drop-Off: **Parking Lot off Carmel Valley Rd. at McGonigle Rd.**

Gather at: **Sidewalk Near Restrooms, Check in with Richard Jones**

Date / Time of Return: **Saturday, September 19th, 2009 at 12:00 Noon**

Pick Up: **East Parking Lot off Carmel Valley Rd. at McGonigle Rd.**

Person in Charge: **Richard Jones** Cell: 858 353 2923

Cost per scout: **FREE**

Bring: **PERMISSION SLIP, Coast Cleanup waiver, Sunscreen, Water Bottle, Gloves**

Wear: **Blue Jeans or Shorts, Class B Pack T-Shirt, Hat, Boot or Shoes, no Sandals.**

Richard Jones will be the in town contact for the event. He will notify the parents if there are any changes in plans. In case of emergency, parents may call this person.

Keep This Portion for Reference



Bring This Portion To The Event

PACK 734 PERMISSION SLIP

TORREY PINES STATE BEACH - BEACH CLEANUP

Saturday, September 19th, 2009 8:45AM - 12:00 Noon

My son _____ has permission to go with PACK 734 on this activity. If necessary, my son may receive emergency medical treatment at my expense. My son has the following allergies and the appropriate treatment for these allergies is (avoidance, medication, etc.):

My son's doctor is: _____ Phone: _____

Parent's name (print legibly in caps.): _____

Parent's signature: _____ Date: _____

Phone number(s) where I can be reached during this trip: _____
