



BOY SCOUT TROOP 965
ACTIVITY ANNOUNCEMENT/PERMISSION SLIP



Activity: Havre de Grace Independence Day Parade

Location: Havre de Grace, MD

Departing Location: Posn #15 (Stokes St between Franklin & Green) **Date:** Saturday, June 30th, 2007 **Time:** 1:00pm

Returning Location: Commerce St at Tydings Park **Date:** Saturday, June 30th, 2007 **Time:** 3:30pm

Adult Leaders: Ed Boris Dave Brown Ken Collins Other leaders

Notes: Scouts should wear Class A uniform (scout shorts, troop cap, troop neckerchief, and scout socks). Assembly point is on Stokes Street between Franklin & Green Streets; it will be marked by a white sign saying "Position #15, Boy Scout Troop 965." Parents should walk their scouts to our assembly point and meet them at our end point (Commerce Street and Tydings Park) at approximately 3:30 PM. The Troop will provide large jugs of ice water for drinking; scouts should bring a water cup that can be collapsed and put in their pocket or attached to their belt.

Activity cost is: \$0.00 per Scout \$0.00 per Adult

Please detach and return the permission slip below by:
THURSDAY, JUNE 28, 2007 – AND NO LATER!

Check Troop website (www.troop965.org) for any late-breaking news.

Detach here, return lower section, and keep above handy for reference.



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ACTIVITY ANNOUNCEMENT/PERMISSION SLIP



I hereby give permission for _____ to attend the Havre de Grace Independence Day Parade from Saturday, June 30th, 2007 at 1:00pm to Saturday, June 30th, 2007 at 3:30pm at Havre de Grace, MD.

PERMISSION SLIP MUST BE TURNED IN BY JUNE 28, 2007 - NO EXCEPTIONS!

IN CASE OF EMERGENCY, I understand that reasonable effort will be made to contact me. If I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, which may include hospitalization, anesthesia, surgery, or injections of medication for my child. I also understand that I am financially responsible for all medical treatment rendered.

Health Insurance Co: _____ **Policy Number:** _____

During this Scout activity, I can be reached at _____ Phone: _____

An alternate (who will accept collect calls) is: _____ at _____,

Phone: _____

Please list (on back) any medical condition, which should be made know to the adult leaders in charge or to medical personnel in attendance in the event of an emergency treatment. If your child is required to take medication during this activity, please note on back and discuss this with the group leader.

Signed by Parent or Legal Guardian: _____ **Date:** _____

I can help: Drive – yes / no My car has _____ seatbelts (excluding driver)

Activity cost: \$ 0.00 per Scout x _____ Scout(s) = _____ Amount Due

Activity cost: \$ 0.00 per Adult x _____ Adults(s) = _____ Amount Due

_____ n/a Total Amount Due

Cash ONLY \$ _____ n/a Received by: _____