



**BOY SCOUT TROOP 965**  
**ACTIVITY ANNOUNCEMENT/PERMISSION SLIP**



**Activity:** Troop 965 High Adventure Fundraiser

**Location:** Fallston Soccer Tournament, Mountain Road & Record Road, Fallston, MD

**Departing Location:** Parents drop off    **Date:** Fri, Nov 09th, 2007    **Time:** See schedule below

**Returning Location:** Parents pick up    **Date:** Sun, Nov 11th, 2007    **Time:** See schedule below

**Adult Leaders:**    John Dowdy    Shawna Ashman    Anita Boris    Other leaders

**Notes:** We will be working the concession stand at the Fallston Soccer Tournament and need to setup Friday and staff 4 shifts with scouts and adults on Saturday and Sunday. Proceeds to our upcoming High Adventure trips.

Setup	Friday	Nov 09	6:00 PM - 9:00 PM	Class C uniform (red shirt, green pants, cap)
1	Saturday	Nov 10	7:30 AM - Noon	Class B uniform (tan shirt, green pants, cap)
2	Saturday	Nov 10	Noon - 4:30 PM	" "
3	Sunday	Nov 11	7:30 AM - Noon	" "
4	Sunday	Nov 12	Noon - 4:30 PM	" "

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

Please detach and return the permission slip below by:  
**THURSDAY, NOVEMBER 08, 2007 – AND NO LATER!**

Check Troop website ([www.troop965.org](http://www.troop965.org)) for any late-breaking news.

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



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I hereby give permission for \_\_\_\_\_ to attend the Troop 965 High Adventure Fundraiser from Friday, Nov 09th, 2007 at 6:00pm to Sunday, Nov 11th, 2007 at 4:30pm at Fallston Soccer Tournament, Mountain Road & Record Road, Fallston, MD (see below for specific shifts).

**Circle as applicable:**    Fri 6-9PM    Sat 7:30AM-Noon    Sat Noon-4:30PM    Sun 7:30AM    Sun Noon-4:30PM

**PERMISSION SLIP MUST BE TURNED IN BY NOVEMBER 08, 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) = n/a Amount Due