



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



**Activity:** Wilderness Survival Weekend

**Location:** Camp Rodney (Choptank Campsite), Wilmington, DE

**Departing Location:** Level Fire Hall

**Date:** Friday, March 16<sup>th</sup>, 2007

**Time:** 6pm

**Returning Location:** Level Fire Hall

**Date:** Sunday, March 18<sup>th</sup>, 2007

**Time:** 1pm

**Adult Leaders:** Tim Byrnes

Ken Collins

Other Leaders

**Notes:** Wear class "B" uniform. Eat Supper before arriving at the Fire Hall on Friday. Bring gear from attached packing list.

**Activity cost is:** \$5 per Scout (and all Adult Leaders)

**NOTE: PATROL FOOD IS EXTRA COST!**

Please detach and return the permission slip below by:  
**THURSDAY, MARCH 15<sup>TH</sup>, 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.*



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



I hereby give permission for \_\_\_\_\_ to attend the Scout activity from Friday, Mar. 16<sup>th</sup>, 2007 at 6pm to Sunday, Mar. 18<sup>th</sup>, 2007 at 1pm at Camp Rodney (Choptank Campsite), Wilmington, DE – wilderness survival weekend

**PERMISSION SLIP MUST BE TURNED IN ON MARCH 15<sup>th</sup>, 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 provide transportation:            Going – yes / no            Returning – yes / no

Passenger capacity with seat belts (excluding driver): \_\_\_\_\_ .

**Activity cost:** \$ 5.00 per Scout X \_\_\_\_\_ Scout(s) = \$ \_\_\_\_\_ Amount Due (Total)

**NOTE: PATROL FOOD IS EXTRA COST!**

**Check** (payable to: **Troop 965 BSA**) \$ \_\_\_\_\_  **Cash** \$ \_\_\_\_\_ **Received by:** \_\_\_\_\_

**From Scout Account** \$ \_\_\_\_\_ → **Approved by Troop Treasurer** \_\_\_\_\_