



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



Activity: Troop 965 Antietam Battlefield Weekend & Trailblazer Outing

Location: Rohrbach Campground, Sharpsburg, MD

Website: <http://www.nps.gov/archive/anti/camping.htm>

Departing Location: Level Fire Hall

Date: Friday, May 23rd, 2008

Time: 5:30pm

Returning Location: Level Fire Hall

Date: Sunday, May 25th, 2008

Time: 2:00pm

Adult Leaders: Ken Collins John Dowdy Christine Kertis other leaders

Notes: Historically, Antietam National Battlefield in Sharpsburg, MD is the site of the first major Civil War engagement on Northern soil. It was also the bloodiest single day battle in American history. We will be staying at Rohrbach Campground, which is part of Antietam National Battlefield. Wear Class B uniform. Scouts can do a 10-mile hike on the battlefield and earn a patch. Trailblazers (new scouts) will follow a less demanding program (focused more on basic scouting skills). Contact #: 1-443-752-4419.

Activity cost is: \$15 per Scout/Adult **Patrol food will be extra**

Please detach and return the permission slip below by:
THURSDAY, MAY 22, 2008 – 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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I hereby give permission for _____ to attend the Scout activity from Friday, May 23rd, 2008 at 5:30pm to Sunday, May 25th, 2008 at 2:00pm at Antietam National Battlefield, Sharpsburg, MD.

PERMISSION SLIP MUST BE TURNED IN BY MAY 22, 2008 - 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: \$ 15 per Scout/Adult x _____ Scout(s)/Adult(s) = \$ _____ Total Amount Due

NOTE: PATROL FOOD IS EXTRA COST!

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

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