



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



**Activity:** Troop Bicycle Outing Weekend  
**Location:** York PA to New Freedom PA (Camping at Summit Grove Camp, New Freedom PA)

**Departing Location:** Level Fire Hall parking lot      **Date:** Sat, Apr 12, 2008      **Time:** 8:00 AM  
**Returning Location:** Level Fire Hall parking lot      **Date:** Sun, Apr 13, 2008      **Time:** 11:00 AM  
**Adult Leaders:**      Susan & John Beatty      and other leaders

**Notes:** Bike must pass a SAFETY INSPECTION at Troop meeting on April 3<sup>rd</sup> or April 10<sup>th</sup>. Must have an APPROVED BIKE HELMET in GOOD CONDITION (to be worn at ALL TIMES when on a bike). Must wear CLOSE-TOED SHOES (no sandals, flip-flops, etc.). Bring a BOX LUNCH, WATER BOTTLE, and MONEY for snacks (if desired). Eat a good breakfast before arriving at Level on Sat morning.

**Activity cost is:** \$15 per Scout (includes any fees, insurance, etc.)

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

Please detach and return the permission slip below by THURSDAY, APRIL 10TH, 2008 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 scout activity from Apr 12 at 8:00 AM to Apr 13 at 11:00 AM at York PA to New Freedom PA.

**PERMISSION SLIP MUST BE TURNED IN NO LATER THAN APR 10 MEETING - 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 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** \_\_\_\_\_