BOY SCOUT TROOP 965
ACTIVITY ANNOUNCEMENT/PERMISSION SLIP

Activity: Troop 965 Ski Trip
Location: Timberline Four Seasons Resort, Davis, WV
Departing Location: Level Fire Hall **Date:** Friday, Mar 14th, 2008 **Time:** 5PM
Returning Location: Level Fire Hall **Date:** Sunday, Mar 16th, 2008 **Time:** 6PM

Adult Leaders: Ed Boris Anita Boris Lyle Sheldon

Notes: Bring gear from packing list. Wear Class B uniform to travel Friday night. Do not bring extra food on this trip! 5 Meals are included in cost. (3 Saturday and 2 Sunday) Please fill out and return with money (balance) NLT 10 Jan 08. Siblings will require the presence of a responsible parent during the entire trip.

Activity cost is: $ 175.00+ per Scout, sibling or Adult (includes any fees, insurance, etc.)
Please detach and return the permission slip below by **THURSDAY, JAN. 10TH, 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, Mar 14th, 2008 at 5pm to Sunday, Mar. 16th, 2008 at 6pm at Timberline Four Seasons Resort

PERMISSION SLIP MUST BE TURNED IN BY JANUARY 10th, 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: _____located _____,
Phone #:_____

Please list (on back) any medical condition, which should be made known 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: $ 175.00 per Scout, Sibling or Adult x _____ Scout(s) = _____ Amount Due (Total) _
☐ **Check** (payable to: **Troop 965 BSA**) $ ☐ **Cash** $ Received by:_____
☐ **From Scout Account** $_____ **Approved by Troop Treasurer** _____