



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



Activity: Flying Eagle Patrol Outing
Location: Camp ALKOR, 17433 Big Falls Road, Monkton, MD 21111
Starting with a visit to Pack 810 crossover at St. Francis de Sales church in Abingdon, MD on Friday, Apr. 20, 2007 then proceeding to camp.

Departing Location: Level Fire Hall **Date:** 04/20/07 **Time:** 6:00pm
Returning Location: Level Fire Hall **Date:** 04/22/07 **Time:** 11:00am
Adult Leaders: Cindy Majewski Stephanie Schwartz John Schwartz Mike Conley

Notes: Wear Class A uniform for the Pack 810 Crossover. Eat dinner before arriving.
Bring Earth Treks waiver signed by your parent.
Bring \$27 cash for Earth Treks. Bring games/activities for at camp.

Activity cost is: \$10.00 per Scout + \$27 **cash** for climbing at Earth Treks + money for Patrol for food

Please detach and return the permission slip below by Friday, April 20, 2007

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 Fri., Apr. 20, 2007 at 6:00 PM to Sun., Apr. 22, 2007 at 11:00 AM at Camp Alkor, 17433 Big Falls Rd., Monkton, MD 21111
Starting with a visit to Pack 810 crossover at St. Francis de Sales church in Abingdon, MD on Friday, Apr. 20, 2007 then proceeding to camp.

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: \$ 10 per Scout x _____ Scout(s) = \$ _____ Amount Due (Total)

Check (payable to: **Troop 965 BSA**) \$ _____ **Cash** \$ _____ **Received by:** _____
 From Scout Account \$ _____ → **Approved by Troop Treasurer** _____