BOY SCOUT TROOP 965
ACTIVITY ANNOUNCEMENT/PERMISSION SLIP

Activity: Troop 965 Hawks Patrol Outing
Location: Camp Cone, Gunpowder Falls State Park, MD

Departing Location: Level Fire Hall **Date:** Friday, April 20th, 2007 **Time:** 6:00pm
Returning Location: Level Fire Hall **Date:** Sunday, April 22nd, 2007 **Time:** 1:30pm

Adult Leaders: Bill Cox (410-879-8892) Brian Placzankis

Notes: We will be going to Camp Cone in Gunpowder Falls State Park. From 695 take Harford Road North for approximately 4 miles turn right on Sharon Drive, turns into Camp Cone Road, Camp is at end of road. On Saturday, April 21st we will be going to Earth Treks Timonium from 10am to noon. Earth Treks is at 1930 Greenspring Drive, Timonium Md, 21046 (410-872-0060.) We will order pizza and get drinks there for lunch and then retuning to Camp Cone.

Activity cost is: $25.00 per Scout **plus food** ____ per Adult

Please detach and return the permission slip below by:
SATURDAY, APRIL 19, 2007 – 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, April 20th, 2007 at 6:00pm to Sunday, April 22nd, 2007 at 1:30pm at Camp Cone, Gunpowder Falls State Park, MD.

PERMISSION SLIP MUST BE TURNED IN BY APRIL 19, 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 help: Drive – yes / no My car has ____ seatbelts (excluding driver)
Activity cost: $ 25 per Scout x _____ Scout(s) = _____ Amount Due
Activity cost: $ ___ per Adult x _____ Adults(s) = _____ Amount Due
_____ Total Amount Due

☐ **Cash ONLY** $_____ Received by:_____