



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



Activity: Troop 965 Panthers Patrol Outing

Location: Elk Mountain Trails, Knoxville, MD (<http://www.elkmountaintrails.com/>)

Departing Location: Level Fire Hall

Date: Friday, April 20th, 2007

Time: 6:00pm

Returning Location: Level Fire Hall

Date: Sunday, April 22nd, 2007

Time: 1:00pm

Adult Leaders: Christine Kertis Bobby Gamble Other leaders

Notes: Scouts will camp 2 nights, go for a trail ride on horseback, and should complete the Horsemanship Merit badge. We will be in the vicinity of Harpers Ferry, WV, which is situated on the banks of the Potomac and Shenandoah Rivers where the states of Maryland, Virginia, and West Virginia meet. It is best known for John Brown's raid on the Armory in 1859. It is located within Harpers Ferry National Historic Park and is one of the few towns the Appalachian Trail passes directly through. We can also ride along the C&O Canal and visit the historic lock houses.

Activity cost is: \$61.00 per Scout **plus food** \$44.00 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 1:00pm at Elk Mountain Trails, Knoxville, 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: \$ 61 per Scout x _____ Scout(s) = _____ Amount Due

Activity cost: \$ 44 per Adult x _____ Adults(s) = _____ Amount Due

_____ Total Amount Due

Cash ONLY \$ _____ Received by: _____