



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



Activity: Troop 965 Panthers Patrol Outing

Location: Chesapeake Bay Maritime Museum (St. Michaels, MD) <http://www.cbmm.org/>

Departing Location: Level Fire Hall

Date: Saturday, June 21th, 2008

Time: 10:00am

Returning Location: Level Fire Hall

Date: Sunday, June 22nd, 2008

Time: 12:00pm

Adult Leaders: Christine Kertis Bobby Gamble Other leaders

Notes: Wear sneakers or shoes with rubber soles for boat. Wear Troop t-shirt and black Troop visor cap on Saturday. We will be buying lunch when we arrive in St. Michael's (you may pack if preferred) at 1:00 pm we will be taking a two hour cruise on the H.M. Krentz, a skipjack that docks right at the lighthouse. We will tour the grounds of the Chesapeake Bay Maritime museum, and then our overnight program begins. We will drop our gear in the Hooper Strait Lighthouse where we will be spending the night. We will be purchasing dinner, and then breakfast in the morning.

Cost of the outing is \$53.50 per person. **WE ARE LIMITED TO 15 PEOPLE FOR THIS TRIP AND MUST FILL ALL THE SPOTS.** We will be doing a CAR WASH FUNDRAISER at Taco Bell in Aberdeen on June 7th from 11:00 - 4:00 to help pay for trip expenses. **A 20.00 NON REFUNDABLE DEPOSIT IS REQUIRED BY THE JUNE 12th TROOP MEETING.** Balance after deposit (minus car wash proceeds) will be due at June 19th Troop meeting.

Activity cost is: \$53.50 per person (less \$20 deposit and car wash proceeds) **plus food**

Please detach and return the permission slip below by:
SATURDAY, JUNE 21, 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 Saturday, June 21st, 2008 at 10:00am to Sunday, June 22nd, 2008 at 12:00pm at Chesapeake Bay Maritime Museum, St. Michaels, MD.

PERMISSION SLIP MUST BE TURNED IN BY JUNE 21, 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: _____ 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: \$ 53.50 per person x _____ person(s) less \$20 deposit and _____ fundraiser share = _____ Amount Due

Check (payable to: **Troop 965 BSA**) \$ _____ **Cash** \$ _____ **Received by:** _____

From Scout Account \$ _____ → **Approved by Troop Treasurer** _____