



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



**Activity:** Troop 965 Cobras Patrol Outing (Version 2 – Shawna)

**Location:** Aberdeen Proving Ground, MD (Aberdeen Area & Edgewood Area)

**Departing Location:** Level Fire Hall

**Date:** Friday, April 27th, 2007

**Time:** 6:00pm

**Returning Location:** Level Fire Hall

**Date:** Sunday, April 29th, 2007

**Time:** 2:00pm

**Adult Leaders:** Shawna Ashman

Anita & Ed Boris

Dave Brown

**Notes:** Scouts will camp 2 nights at the Edgewood Area campsite; cost is \$20 per scout. Activities will include touring the Army Ordnance Museum, bowling, rocket launching, possibly using a weapons simulator, and sports. Bring extra money for patrol food, bowling, and rockets. You may bring cameras but please note that photography is prohibited in some areas (e.g., airfields, any sensitive defensive or testing areas, and wherever posted). **PLEASE BRING A GOOD TICK REPELLENT!**

**Activity cost is:** \$20.00 per Scout **includes** food, bowling & rockets \$20.00 per Adult

Please detach and return the permission slip below by:  
**WEDNESDAY, APRIL 25, 2007 (COURT OF HONOR) – AND NO LATER!**

Check Troop website ([www.troop965.org](http://www.troop965.org)) for any late-breaking news.

*Detach here, return lower section, and keep above handy for reference.*



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**ACTIVITY ANNOUNCEMENT/PERMISSION SLIP**



I hereby give permission for \_\_\_\_\_ to attend the Scout activity from Friday, April 27th, 2007 at 6:00pm to Sunday, April 29th, 2007 at 2:00pm at Aberdeen Proving Ground, MD.

**PERMISSION SLIP MUST BE TURNED IN BY APRIL 25, 2007 (COURT OF HONOR) - 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: \$ 20 per Scout x \_\_\_\_\_ Scout(s) = \_\_\_\_\_ Amount Due

Activity cost: \$ 20 per Adult x \_\_\_\_\_ Adults(s) = \_\_\_\_\_ Amount Due

\_\_\_\_\_ Total Amount Due

(make checks payable to “BSA Troop 965”)

**Cash ONLY** \$ \_\_\_\_\_ Received by: \_\_\_\_\_