



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



**Activity:** Troop 965 Rocket Building Activity

**Location:** Cook Automotive, 1136 S. Philadelphia Blvd., Aberdeen, MD

**Departing Location:** Parents drop off at location **Date:** Thursday, April 13th, 2006

**Time:** 7:00pm

**Returning Location:** Parents pick up at location **Date:** Thursday, April 13th, 2006

**Time:** 8:00pm

**Adult Leaders:** John Dowdy Bill Caporellie other leaders

**Notes:** Field trip meeting to build rockets.

**Activity cost is:** \$15 (optional, for rocket) per Scout

Please detach and return the permission slip below by:  
**THURSDAY, APRIL 13, 2006 – 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.*



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



I hereby give permission for \_\_\_\_\_ to attend the Scout activity from Thursday, April 13th, 2006 at 7:00pm to Thursday, April 13<sup>th</sup>, 2006 at 8:00pm at Cook Automotive, 1136 S. Philadelphia Blvd., Aberdeen, MD

**PERMISSION SLIP MUST BE TURNED IN BY APRIL 13<sup>th</sup>, 2006 - 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 provide transportation:      Going – yes / no      Returning – yes / no

Passenger capacity with seat belts (excluding driver): \_\_\_\_\_ .

Activity cost: \$ \_\_\_\_\_ per Scout x \_\_\_\_\_ Scout(s) = \_\_\_\_\_ Amount Due (Total)

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