



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



**Activity:** Troop 965 Good Friday Conservation Project

**Location:** Scarboro Land Fill, Street, MD

**Departing Location:** Level Fire Hall

**Date:** Friday, March 21st, 2008

**Time:** 8:00am

**Returning Location:** Level Fire Hall

**Date:** Friday, March 21st, 2008

**Time:** Noon

**Adult Leaders:** John Dowdy Jeff Waugh other leaders

**Notes:** Troop will participate in the sixth annual Harford County Arbor Day Celebration and Conservation Project, Harford County and the DNR Forest Service. This will consist of planting 900 tree seedlings with tree shelters. Class C uniform. Bring work boots, gloves, hammer, and water.

**Activity cost is:** n/a per Scout

Please detach and return the permission slip below by:

**FRIDAY, MARCH 21, 2008 – 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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I hereby give permission for \_\_\_\_\_ to attend the Scout activity from Friday, March 21<sup>st</sup>, 2008 at 8:00am to Friday, March 21<sup>st</sup>, 2008 at Noon at Scarboro Landfill, Street, MD

**PERMISSION SLIP MUST BE TURNED IN BY MARCH 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 provide transportation:      Going – yes / no      Returning – yes / no

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

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