BOY SCOUT TROOP 965
ACTIVITY ANNOUNCEMENT/PERMISSION SLIP

Activity: Troop 965 2007 Holiday Party
Location: Arena Health Club / Bel Air, MD (near Campus Hills)
Departing Location: Parents drop off at Arena Club **Date:** Friday, Dec. 7th, 2007 **Time:** 9pm
Returning Location: Parents pick up at Arena Club **Date:** Saturday, Dec. 8th, 2007 **Time:** **7am SHARP!**

Adult Leaders: Rob Mitchell Cindy Majewski Jack Hoy Ron Querns
and many more of your favorite Adult Leaders

Notes: Wear Class A Uniform! Pack according to the packing list - the pool will be available for swimming. Bring a two liter soda and a dozen holiday cookies. **Bring at least one can good or non perishable food item for the family we have adopted. A cash or check donation can be made to the family, we will shop for other item before we deliver them.** 9- 12 pm pool - 12 -630 am soccer field - Sleep when you want - Bring suits and towels - Bring footballs, Frisbees, soccer ball, and board games.

PLEASE NOTE: Donation item(s) are required for admission to the party!
No one can leave early unless THE SCOUTMASTER is informed IN ADVANCE and IN WRITING

Activity cost is: $ 20.00 per Scout or Adult (includes any fees, insurance, etc.)

Please detach and return the permission slip below by **FRIDAY, DEC. 7TH, 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, Dec. 7th, 2007 at 9pm to Saturday, Dec. 8th, 2007 at 7am at Arena Health Club, Bel Air, MD

PERMISSION SLIP MUST BE TURNED IN BY DECEMBER 7th, 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 provide transportation: Going – yes / no Returning – yes / no
Passenger capacity with seat belts (excluding driver):_____ .
Activity cost: $ 20.00 per Scout or Adult x _____ Scout(s) = _____ Amount Due (Total)

☐ **Check** (payable to: **Troop 965 BSA**) $_____ ☐ **Cash** $_____ Received by:_____
☐ **From Scout Account** $_____ →**Approved by Troop Treasurer** _____