



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



**Activity:** Troop 965 Beach Potato Outing <http://www.nps.gov/asis/>

**Location:** Assateague Island National Seashore (near Ocean City, MD)

**Departing Location:** Level Fire Hall

**Date:** Friday, June 19th, 2009

**Time:** 5:30pm

**Returning Location:** Level Fire Hall

**Date:** Sunday, June 21th, 2009

**Time:** 2:00pm

**Adult Leaders:** John Dowdy

Ken Collins

other leaders

**Notes:** Eat supper before arriving Friday; wear class B uniform to travel. Bring money for Ocean City Boardwalk (\$30 suggested). Bring gear from attached packing list in a soft bag to be placed in a car.

**Activity cost is:** \$20.00 per Scout **Patrol food will be extra**

Please detach and return the permission slip below by:  
**THURSDAY, JUNE 18, 2009 – 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, June 19th, 2009 at 5:30pm to Sunday, June 21st, 2009 at 2:00pm at Assateague Island National Seashore.

**PERMISSION SLIP MUST BE TURNED IN BY JUNE 18, 2009 - 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.*

**Scouts must learn/observe all BSA & Troop aquatics safety guidelines.**

**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 x \_\_\_\_\_ Scout(s) = \$ \_\_\_\_\_ Amount Due (Total)

**NOTE: PATROL FOOD IS EXTRA COST!**

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

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