



DRAFT
BOY SCOUT TROOP 965
ACTIVITY ANNOUNCEMENT/PERMISSION SLIP



Activity: Troop 965 Bowling Night

Location: Harford Lanes, 20 Custis Street, Aberdeen, MD <http://www.bowlharfordlanes.com/>

Departing Location: Parents drop off

Date: Tuesday, May 5th, 2009

Time: 6:30pm

Returning Location: Parents drop off

Date: Tuesday, May 5th, 2009

Time: 8:30pm

Adult Leaders: Ken Collins other leaders

Notes: Field trip meeting to Harford Lanes in Aberdeen for an evening of recreational bowling. We are expecting about 40 people (scouts, leaders, and adults). We will probably bowl 2 or 3 games (\$3.75 per game). No charge for shoe rental. Bring additional money for snacks (optional). Harford Lanes is located one block west of Route 40 and one block south of Bel Air Avenue (main street in downtown Aberdeen).

Activity cost is: please bring approx \$10 cash (bowling will be \$7.50 per Scout for 2 games)

Please detach and return the permission slip below by:
THURSDAY, MAY 05, 2009 – 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 Tuesday, May 5th, 2009 at 6:30pm to Tuesday, May 5th, 2009 at 8:30pm at Harford Lanes (Aberdeen, MD).

PERMISSION SLIP MUST BE TURNED IN BY MAY 05, 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.

Signed by Parent or Legal Guardian: _____ **Date:** _____

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

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