



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



**Activity:** Troop 965 Brandywine River Canoe Trip  
**Location:** Brandywine River (Lenape, PA to Greenville, DE)

**Departing Location:** Level Fire Hall parking lot      **Date:** Friday, Sep 15, 2006    **Time:** 5:30 pm  
**Returning Location:** Level Fire Hall parking lot      **Date:** Sunday, Sep 17, 2006    **Time:** Noon

**Adult Leaders:**    Jack Hoy            Ron Querns            Other Leaders

**Notes:** Put in at Brandywine Picnic Park (Lenape, PA) at intersection of Routes 52 & 100. Canoes in water @ 8:30 AM sharp. Two portages for safety in first half of trip. Take out at Thompson's Bridge, Brandywine State Park, Route 92 (Greenville, DE). Float time: approx 6-8 hours. Participant must: (1) be **red, white & blue swimmer**, (2) have and wear a **personal flotation device** while in canoes, and (3) have and wear a **helmet** while in canoes. **Any scout who has not passed all phases of canoe certification must canoe with a qualified adult.**

**Activity cost is:** \$ 10.00 per Scout/Leader (includes any fees, insurance, etc.) **Does not include PATROL FOOD.**

Please detach and return the permission slip below by **THURSDAY, SEPTEMBER 14, 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.*



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I hereby give permission for \_\_\_\_\_ to attend the Scout activity from Friday, Sep 15, 2006 at 5:30 pm to Sunday, Sep 17, 2006 at Noon at Brandywine River Canoe Trip.

**PERMISSION SLIP MUST BE TURNED IN BY SEPTEMBER 14, 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:** \$ 10.00 per Participant x \_\_\_\_\_ Participant(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** \_\_\_\_\_