



BOY SCOUT TROOP 965
ACTIVITY ANNOUNCEMENT/PERMISSION SLIP



Activity: Troop 965 Brandywine River Canoe Trip

Location: Brandywine River (Lenape, PA to Greenville, DE)

Website: <http://www.destateparks.com/bcsp/Brandywine%20Creek%20State%20Park%20map.pdf>

Departing Location: Level Fire Hall

Date: Friday, September 19th, 2008

Time: 6:00pm

Returning Location: Level Fire Hall

Date: Sunday, September 21st, 2008

Time: 1:00pm

Adult Leaders: Rob Mitchell Dave Brown Jack Hoy 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 Creek State Park, Route 92 (Greenville, DE). Float time: approx 6-8 hours. Participant must: (1) be **red, white & blue swimmer** and (2) have and wear a **personal flotation device** while in canoes. Other scouts may come along for camping/outdoor experience.

FIRM HEADCOUNT DUE AT SEP 11 MEETING TO DETERMINE RENTAL CANOES\$ NEEDED

Activity cost is: \$25 per Scout/Adult **DOES NOT INCLUDE PATROL FOOD**

Please detach and return the permission slip below by:

THURSDAY, SEPTEMBER 18, 2008 – 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, September 19th, 2008 at 6:00pm to Sunday, September 21st, 2008 at 1:00pm at Brandywine River Canoe Trip (Lenape, PA to Greenville, DE)

PERMISSION SLIP MUST BE TURNED IN BY SEPTEMBER 18, 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: \$ 25 per Person x _____ Persons = \$ _____ Amount Due (Total)

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

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