



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



Activity: C & O Canal High Adventure Bicycle Trip
Location: C & O Canal towpath from Cumberland, MD to Georgetown, Washington, DC

Departing Location: Cumberland, MD **Date:** Sat., Aug. 5, 2006 **Time:** 11:00 am
Returning Location: Georgetown, Washington, DC **Date:** Sat., Aug. 12, 2006 **Time:** 12:30 pm
Adult Leaders: Cindy Majewski Bill Caporellie Ed Boris Ken Collins
Kevin Murray Amy Hoch Stephanie Schwartz Susan Beatty Tim Byrnes

Notes: Bring gear from the packing list in a soft duffle bag and your pre-approved bike. Trip cost includes all meals and fees. Bring \$25 - \$30 spending money for the week.
Parents provide all transportation for the scouts, their gear and bicycles to Cumberland, MD on Aug. 5th and from Georgetown, Washington, DC on Aug. 12th.

Activity cost is: \$190 per Scout (includes any fees, insurance, etc.)

Please detach and return the permission slip below by Thurs., June 29, 2006
 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 Sat., Aug. 5, 2006 at 11:00 am to Sat., Aug. 12, 2006 at 12:30 pm at C & O Canal towpath from Cumberland, MD to Washington, DC

PERMISSION SLIP MUST BE TURNED IN NO LATER THAN THURS., JUNE 29, 2006

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: \$190 per Scout x _____ Scout(s) = \$ _____ Amount Due (Total)

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