



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



Activity: Cabin Camping & Pioneering Outing
Location: Sloan Lodge, Camp Ware, 239 Jubilee Road, Peach Bottom, PA

Departing Location: Level Fire Hall parking lot **Date:** Fri, Feb 20, 2009 **Time:** 6:00 PM
Returning Location: Level Fire Hall parking lot **Date:** Sun, Feb 22, 2009 **Time:** 11:00 AM
Adult Leaders: Christine Kertis Roland LaPointe Roger Link and other leaders

Notes: Participants to earn Pioneering merit badge but must (1) obtain signed blue card from Scoutmaster Collins and (2) attend all 3 Troop meetings prior to outing. Due to cabin capacity, participation will be limited to the first 40 scouts/adults to turn in permission slips (surplus to go on waiting list, pending cancellations).

Activity cost is: \$ 20 per Scout/Adult (includes any fees, insurance, etc.)

NOTE: PATROL FOOD IS EXTRA COST!

Please detach and return the permission slip below by **THURSDAY, FEBRUARY 19TH, 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 Feb 20 at 6:00 PM to Feb 22 at 11:00 AM at Sloan Lodge, Camp Ware, 239 Jubilee Road, Peach Bottom, PA.

PERMISSION SLIP MUST BE TURNED IN NO LATER THAN FEB 19TH MEETING - 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: \$ 20 per Scout/Adult x _____ Scout(s)/Adults(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** _____