



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



Activity: Fall Camporee – Far East Olympics

Location: Camp Spencer, Broad Creek Memorial Scout Reservation, Whiteford, MD

Departing Location: Level Fire Hall

Date: Fri, Oct 17th, 2008

Time: 5:30pm

Returning Location: Level Fire Hall

Date: Sun, Oct 19th, 2008

Time: 11:00am

Adult Leaders Bobby Gamble Gene Gall other leaders

Notes: To commemorate the upcoming games in August, the weekend will include Olympic style events, Chinese history, and Chinese games. Some of the activities are Stir Fry Cooking, Dragon Emblem, Mahjong, spear throwing, camp gadget, Chinese Checkers, standing long jump, running long jump, 50 yard run, Confucious Scavenger Hunt, discus throw, basketball throw, and a few special activities that are still in the planning stages.

Activity cost is: \$7.00 per Scout/Adult

Please detach and return the permission slip below by:
THURSDAY, OCT 16, 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.



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



I hereby give permission for _____ to attend the Scout activity from Friday, Oct 17th, 2008 at 5:30pm to Sunday, Oct 19th, 2008 at 11:00am at Camp Spencer, Broad Creek Memorial Scout Reservation.

PERMISSION SLIP MUST BE TURNED IN BY OCT 16, 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): _____ .

Cost: \$ 7.00 per Scout/Adult x _____ Scouts/Adults = \$ _____ Tot Amount Due

NOTE: PATROL FOOD IS EXTRA COST!

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

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