



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



Activity: Fall Camporee

Location: Broad Creek Memorial Scout Reservation, Whiteford, MD

Departing Location: Level Fire Hall

Date: Fri, Oct 02nd, 2009

Time: 5:30pm

Returning Location: Level Fire Hall

Date: Sun, Oct 04th, 2009

Time: 11:00am

Adult Leaders Bobby Gamble

other leaders

**Notes:** The theme of this camporee is "Can You Survive." Help the Troop's recruitment efforts as we host local groups of Webelos.

Activity cost is: \$8.00 per Scout/Adult

Please detach and return the permission slip below by:  
**THURSDAY, OCT 01, 2009 – 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.*



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



I hereby give permission for \_\_\_\_\_ to attend the Scout activity from Friday, Oct 02nd, 2009 at 5:30pm to Sunday, Oct 04th, 2009 at 11:00am at Broad Creek Memorial Scout Reservation.

**PERMISSION SLIP MUST BE TURNED IN BY OCT 01, 2009 - 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: \$ 8.00 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** \_\_\_\_\_