



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



Activity: Mini Golf Field Trip Meeting

Location: Churchville Mini-Golf, Churchville, MD

Departing Location: Parents drop off at location

Date: Thursday, Nov 2, 2006

Time: 7pm

Returning Location: Parents pick up at location

Date: Thursday, Nov 2, 2006

Time: 8:30pm

Adult Leaders: Ken Collins

Cindy Majewski

Jack Hoy

Other Leaders

Notes: Cost per round of golf = \$4.50. Each Scout pays CASH ONLY for his own rounds. Bring additional money for snacks at Arctic Circle next door. We expect to have time for possibly 2 rounds of golf. BRING CASH – NOT A CHECK for this activity. MEETING WILL BE HELD AT WEBSTER CHURCH IN CASE OF RAIN

Activity cost is: \$ 4.50 per round of golf CASH ONLY per Scout (includes any fees, insurance, etc.)

Please detach and return the permission slip below by **THURSDAY, NOV 2, 2006 -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 Thursday, Nov 2, 2006 at 7pm to Thursday, Nov 2, 2006 at 8:30pm at Churchville Mini-Golf

PERMISSION SLIP MUST BE TURNED IN ON NOV 2, 2006 - 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: \$ 4.50 per round per Scout x _____ Scout(s) [we will possibly have time for 2 rounds]

CASH ONLY \$ 9.00 for two rounds of golf / Scouts pay for their own rounds.