

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

Activity: Darlington Apple Festival Fund Raiser
Location: Darlington, MD

Departing Location: Own transportation **Date:** October 6th or 7th as scheduled
All shifts meet at Darlington Apple Festival site on Shuresville Road in front of Darlington United Methodist Church

Returning Location: Own transportation **Date:** October 6th or 7th as scheduled

Notes:

1. This event is a **troop** fundraiser (not scout account). We'll be selling the usual funnel cakes, fries, hot dogs, baked goods and drinks. Scouts wear class A uniform for all Saturday shifts.
2. **All Scouts** are expected to sign up for at least one work shift or provide a reason to the Scoutmaster why he cannot attend. We also need adult participation, so please sign up with your Scout. Thanks for your support.

My scout has selected the following shift(s) to work: Working Adult Name

- _____ **Shift 1: Fri, Oct 6th, 6 PM – 8 PM**
_____ **Shift 2: Sat, Oct 7th, 8 AM – 11 AM**
_____ **Shift 3: Sat, Oct 7th, 11AM – 2 PM**
_____ **Shift 4: Sat, Oct 7th, 1 PM – 4 PM**
_____ **Shift 5: Sat, Oct 7th, 4 PM – 6 PM**

**Please return this entire sheet by Thursday, September 28th.
The top half will be returned to your Scout!**



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I hereby give permission for _____ to attend the Scout activity on October 6th or 7th at Darlington Apple Festival.

PERMISSION SLIP MUST BE TURNED IN Sept 28th

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 is not working the stand is: _____

Phone: _____

Please list (on back) any medical condition, which should be made known 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: _____

Please return this entire sheet