



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



**Activity:** Darlington Apple Festival Fund Raiser

**Date:** October 3<sup>rd</sup> or 4<sup>th</sup> as scheduled

**Location:** Darlington, MD

**Departing/Returning Location:** N/A (self-transportation)

**Adult Leaders:** Freddie Hundertmark, Karen Hundertmark, Anita Boris, other leaders

**Notes:**

1. Friday shift meet at Level Fire Hall for equipment load-out
2. Saturday shifts meet at Darlington Apple Festival site on Shuresville Road in front of Darlington United Methodist Church
3. This event is a Troop fundraiser. We'll be selling funnel cakes, French fries, hot dogs, baked goods and drinks. Scouts wear **Class C** uniform for all Saturday shifts.
4. 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!!

SHIFT	DATE	TIME	LOCATION	SCOUT'S NAME	ADULT(S)
1	Fri, Oct 03	6:00 PM - 8:00 PM	Level VFC		
2	Sat, Oct 04	8:00 AM - 11:00 AM	Darlington UMC		
3	Sat, Oct 04	11:00 AM - 2:00 PM	Darlington UMC		
4	Sat, Oct 04	1:00 PM - 4:00 PM	Darlington UMC		
5	Sat, Oct 04	4:00 PM - 6:00 PM	Darlington UMC		

**Please return this entire sheet by Thursday, September 25<sup>th</sup>.  
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 3<sup>rd</sup> or 4<sup>th</sup> at Darlington Apple Festival.

**PERMISSION SLIP MUST BE TURNED IN BY SEPT 25<sup>th</sup>**

**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 the event of an emergency. If your child is required to take medication during this activity, please note on back and discuss with the group leader(s).***

**Signature of Parent or Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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