



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



Activity: Troop 965 Extreme Scouting Weekend
Location: Red Oak Farm, 1145 Stafford Road, Darlington, MD

Departing Location: Level Fire Hall parking lot **Date:** Friday, March 17th, 2006 **Time:** 6:00pm
Returning Location: Level Fire Hall parking lot **Date:** Sunday, March 19th, 2006 **Time:** 1:00pm

Adult Leaders: Rob Mitchell Ron Querns Cindy Majewski other leaders

Notes: Bring gear from attached packing list, DRESS FOR COLD / WET WEATHER!

Activity cost is: \$ 0 per Scout (includes any fees, insurance, etc.)

NOTE: PATROL FOOD IS EXTRA COST!

Please detach and return the permission slip below by:
THURSDAY, MARCH 16TH, 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 Friday, March 17th, 2006 at 6:00pm to Sunday, March 19, 2006 at 1:00pm at Red Oak Farm, Darlington, MD – Extreme Scouting Weekend

PERMISSION SLIP MUST BE TURNED IN BY MARCH 16th, 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: \$ 0 per Scout x _____ Scout(s) = _____ Amount Due (Total)

NOTE: PATROL FOOD IS EXTRA COST!

Cash ONLY \$ _____ Received by: _____