



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



**Activity:** Troop 965 Extreme Treasure Hunt Weekend

**Location:** Elk Neck State Park; North East, MD <http://www.dnr.state.md.us/publiclands/central/elkneck.html>

**Departing Location:** Level Fire Hall parking lot      **Date:** Friday, May 18<sup>th</sup>, 2007      **Time:** 6:00pm

**Returning Location:** Level Fire Hall parking lot      **Date:** Sunday, May 20<sup>th</sup>, 2007      **Time:** 1:00pm

**Adult Leaders:** Ron Querns      Jack Hoy      Rob Mitchell

**Notes:** Bring your Pirate Gear, This will be a fun, active, competitive weekend!

**Activity cost is:** \$ 10.00 per Scout (includes any fees, insurance, etc.)

**NOTE: PATROL FOOD IS EXTRA COST!**

Please detach and return the permission slip below by:  
**THURSDAY, MAY 17<sup>TH</sup>, 2007 – 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  
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I hereby give permission for \_\_\_\_\_ to attend the Scout activity from Friday, May 18th, 2007 at 6:00pm to Sunday, May 20th, 2007 at 1:00pm at Elk Neck State Park – Extreme Treasure Hunt Weekend

**PERMISSION SLIP MUST BE TURNED IN BY MAY 17th, 2007 - 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: \$ 10 per Scout x \_\_\_\_\_ Scout(s) = \_\_\_\_\_ Amount Due (Total)

(Make checks payable to **BSA Troop 965**)

**NOTE: PATROL FOOD IS EXTRA COST!**

**Cash ONLY \$** \_\_\_\_\_ Received by: \_\_\_\_\_