



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



Activity: Troop 965 CabinCamp/WoodsmanWeekend

Location: Camp Bashore, Jonestown, PA

Departing Location: Level Fire Hall parking lot

Date: Friday, Feb 16th, 2007

Time: 6:00pm

Returning Location: Level Fire Hall parking lot

Date: Sunday, Feb 18th, 2007

Time: 12:00pm

Adult Leaders: Bill Caporellie Ken Collins Cindy Majewski other leaders

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

Activity cost is: \$ 15 per Scout (includes any fees, insurance, etc.)

NOTE: PATROL FOOD IS EXTRA COST!

Please detach and return the permission slip below by:
THURSDAY, FEBRUARY 15TH, 2007 – 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.



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I hereby give permission for _____ to attend the Scout activity from Friday, Feb 16th, 2007 at 6:00pm to Sunday, Feb 18, 2007 at 12:00pm at Troop Cabin Camp/Woodsman Weekend, Camp Bashore, Jonestown, PA.

PERMISSION SLIP MUST BE TURNED IN BY FEBRUARY 15th, 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: \$ 15 per Scout x _____ Scout(s) = _____ Amount Due (Total)

NOTE: PATROL FOOD IS EXTRA COST!

Cash ONLY \$ _____ Received by: _____