



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



Activity: Troop 965 Good Friday Conservation Project
Location: Harford Glen, 502 West Wheel Road, Bel Air, MD

Departing Location: Level Fire Hall **Date:** Friday, April 6th, 2007 **Time:** 8:30am
Returning Location: Level Fire Hall **Date:** Friday, April 6th, 2007 **Time:** Noon

Adult Leaders: John Dowdy Shawna Ashman Ken Collins other leaders

Notes: Troop will participate in the fifth annual Harford County Arbor Day Celebration and Conservation Project, Harford County and the DNR Forest Service. This will consist of planting 400 pine seedlings and seedling shelters. Bring work boots, gloves, hammer, bag lunch, and water. Also asking for large and small shovels. Need parent volunteers to help drive the boys; be advised that the boys and tools may be dirty or muddy on the return trip.
Activity cost is: n/a per Scout

Please detach and return the permission slip below by:
THURSDAY, APRIL 5, 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, April 6th, 2007 at 8:30am to Friday, April 6th, 2007 at Noon at Harford Glen, 502 West Wheel Road, Bel Air, MD

PERMISSION SLIP MUST BE TURNED IN BY APRIL 5, 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: \$ n/a per Scout x _____ Scout(s) = _____ Amount Due (Total)

Cash ONLY \$ _____ Received by: _____