



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



Activity: Troop 965 Horsemanship/Indian Lore Merit Badge Weekend
Location: Elk Mountain Trails, Knoxville, MD (<http://www.elkmountaintrails.com/>)

Departing Location: Level Fire Hall **Date:** Saturday, May 23rd, 2009 **Time:** 8:00am
Returning Location: Level Fire Hall **Date:** Sunday, May 24th, 2009 **Time:** 1:00pm

Adult Leaders: Christine Kertis Bobby Gamble Other leaders

Notes: Scouts will camp 1 night by patrols, go for a trail rides on horseback, and should complete the Horsemanship Merit badge. Scouts may also complete the Indian Lore merit badge. Some badge work must be completed prior to the outing; please check with Ms. Christine Kertis, cmkertis9@yahoo.com. We will be in the vicinity of Harpers Ferry, WV, which is situated on the banks of the Potomac and Shenandoah Rivers where the states of Maryland, Virginia, and West Virginia meet. Horsemanship is limited due to horses available. \$20 non-refundable deposit required. Cost is \$66 for everything with Horsemanship merit badge (camping, trail ride & \$6 gas contribution), \$54 for trail ride & no merit badge, \$6 for camping only plus \$6 gas contribution. Scouts & adults must bring a signed release form (see Troop website). Scouts should bring a blue card for each merit badge and worksheet from www.MeritBadge.org.

Activity cost is: \$12-\$66 per Scout/person **plus food**

Please detach and return the permission slip below by:
THURSDAY, MAY 21, 2009 – 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 Saturday, May 23rd, 2009* at 8:00am to Sunday, May 24th, 2009 at 1:00pm at Elk Mountain Trails, Knoxville, MD.

PERMISSION SLIP MUST BE TURNED IN BY MAY 21, 2009 - 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 help: Drive – yes / no My car has _____ seatbelts (excluding driver)

Activity cost: \$12-\$66 per Person x _____ Persons(s) = _____ Amount Due

Cash ONLY \$ _____ Received by: _____