BOY SCOUT TROOP 965
ACTIVITY ANNOUNCEMENT/PERMISSION SLIP

Activity: Troop 965 Ice Skating Outing
Location: Ice World, 1300 Governor Court, Abingdon, MD (http://www.iceworld.com/)

Departing Location: Parents drop off scouts at Iceworld **Date:** Friday, March 20th, 2009 **Time:** 7:00pm
Returning Location: Parents pick up scouts from Iceworld **Date:** Friday, March 20th, 2009 **Time:** 9:00pm

Adult Leaders: Ken Collins Cindy Majewski other leaders
Notes: Bring money for admission ($7.00 w/ Troop discount) and skate rentals if needed ($3.00). Tell them you're with Troop 965 to get the group discount. Bring money for refreshments. Open skating actually lasts until 10PM; families are welcome to stay if they want.

Activity cost is: $ 7.00 per Scout (includes any fees, insurance, etc.) plus $3.00 for skate rental if needed
-----CASH ONLY-----

Please detach and return the permission slip below by:
THURSDAY, MARCH 12TH, 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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ACTIVITY ANNOUNCEMENT/PERMISSION SLIP

I hereby give permission for _____to attend the Scout activity from Friday, March 20th, 2009 at 7:00pm to Friday, March 20th, 2009 at 9:00pm at Ice World in Abingdon, MD – Ice Skating activity

PERMISSION SLIP MUST BE TURNED IN BY MARCH 12TH, 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 provide transportation: Going – yes / no Returning – yes / no
Passenger capacity with seat belts (excluding driver):_____ .
Activity cost: $ 7.00 (+3.00 for skate rentals if needed) per Scout x _____ Scout(s) = _____ Amount Due (Total)

☐ **Cash ONLY** $_____ Received by:_____