



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



Activity: Operation Icicle
Location: Kings Mountain site, Camp Spencer, Broad Creek Memorial Scout Reservation, Dublin, MD

Departing Location: Level Fire Hall parking lot **Date:** Fri, Jan 30, 2009 **Time:** 6:00 PM
Returning Location: Level Fire Hall parking lot **Date:** Sun, Feb 01, 2009 **Time:** 11:00 AM
Adult Leaders: Christine Kertis Ken Collins Tim Byrnes John Dowdy and other leaders

Notes: Bring gear from attached packing list, DRESS FOR COLD / WET WEATHER!
Bring an extra \$5 if interested in the patch auction Saturday night.

Activity cost is: \$ 11.00 per Scout/Adult (includes any fees, insurance, etc.)

NOTE: PATROL FOOD IS EXTRA COST!

Please detach and return the permission slip below by **THURSDAY, JANUARY 29TH, 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 Jan 30, 2009 at 6:00 PM to Feb 01, 2009 at 11:00 AM at Operation Icicle at Broad Creek MSR, Dublin, MD

PERMISSION SLIP MUST BE TURNED IN NO LATER THAN JAN 28TH, 2009 MEETING - 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: _____ 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: \$ 11.00 per Scout/Adult x _____ Scout(s)/Adults = \$ _____ Total Amount Due

NOTE: PATROL FOOD IS EXTRA COST!

Check (payable to: **Troop 965 BSA**) \$ _____ **Cash** \$ _____ **Received by:** _____

From Scout Account \$ _____ → **Approved by Troop Treasurer** _____