



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



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

Departing Location: Level Fire Hall parking lot **Date:** Fri, Jan 27, 2006 **Time:** 6:00 PM
Returning Location: Level Fire Hall parking lot **Date:** Sun, Jan 29, 2006 **Time:** 1:30 PM
Adult Leaders: Christine Kertis Rob Mitchell Ron Querns 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: \$ 7.00 per Scout (includes any fees, insurance, etc.)

NOTE: PATROL FOOD IS EXTRA COST!

Please detach and return the permission slip below by **THURSDAY, JANUARY 19TH, 2006 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.



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



I hereby give permission for _____ to attend the Scout activity from Jan 27 at 6:00 PM
to Jan 29 at 1:30 PM at Operation Icicle at Broad Creek MSR, Dublin, MD

PERMISSION SLIP MUST BE TURNED IN NO LATER THAN JAN 19 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: _____ 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 per Scout x _____ Scout(s) = \$ _____ Amount Due (Total)

NOTE: PATROL FOOD IS EXTRA COST!

Check (payable to: **Troop 965 BSA**) \$ _____ **Cash** \$ _____ **Received by:** _____
 From Scout Account \$ _____ → **Approved by Troop Treasurer** _____