

BOY SCOUT TROOP 965
ACTIVITY ANNOUNCEMENT/PERMISSION SLIP

Activity: International Cooking Patrol Competition Outing

Location: Camp Rodney (Choptank)

Departing Location: Level Fire Hall Friday, November 17, 2006 6:00 PM

Returning Location: Level Fire Hall Sunday, November 19, 2006 1:00 PM

Adult Leaders: Dave Sickenberger Ron Querns Ken Collins Other Leaders

Notes: Everyone should bring a compass, knife, an old blanket, a pack of matches, and material to start a fire. Each patrol will need crackerbarrel for Friday and Saturday nights, breakfast for Saturday and Sunday mornings. The troop will provide food for Saturday's lunch and Saturday's dinner. Wear Class B uniform to/from Level. Eat dinner before arriving on Friday. Dress for the weather; be prepared for rain and cold. While November isn't necessarily considered a winter outing, the weather can be bad. It is recommended that you follow the attached winter camping list to insure you stay dry and warm.

Activity Cost is: \$12 per person (scout or adult)

PLEASE DETACH AND RETURN PERMISSION SLIP BELOW BEFORE LEAVING FOR CAMP!!
WE CAN NOT TAKE BOYS TO CAMP WITHOUT SIGNED PERMISSION SLIP!!

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I hereby give permission for _____ to attend the scout activity from Friday, November 17th, 2006 to Sunday, November 19th at Camp Rodney.

PERMISSION SLIP MUST BE TURNED IN PRIOR TO November 16, 2006.

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 _____

Name/phone # of an alternate (who will accept collect calls) _____ / _____

Please list on the back any medical condition, which should be known 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 this and 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: \$12 per person _____ Amount total due

(If using a check, make payable to Troop 965 BSA)