



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



**Activity:** Troop 965 Hersheypark Trip  
**Location:** Hersheypark Amusement Park, Hershey, PA.

**Departing Location:** Level Fire Hall      **Date:** Friday, June 16th, 2006      **Time:** 6:00pm  
**Returning Location:** Level Fire Hall      **Date:** Sunday, June 18th, 2006      **Time:** 1:00pm

**Adult Leaders:**      Tim Byrnes      Ken Collins      other leaders

**Notes:** Fee includes park tickets and campground fees at Hershey High Meadow Campground. Bring money for eating lunch & dinner in the park on Saturday PLUS patrol food. Balance due by May 25<sup>th</sup> Troop meeting. Family members who wish to come up and join us Saturday can purchase discounted tickets for \$28.50 per person.

**Activity cost is:** \$47.00 per Scout + lunch/dinner in park on Sat

Please detach and return the permission slip below by:  
**THURSDAY, JUNE 15, 2006 – AND NO LATER!**

**Check Troop website ([www.troop965.org](http://www.troop965.org)) for any late-breaking news.**

*Detach here, return lower section, and keep above handy for reference.*



**BOY SCOUT TROOP 965  
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I hereby give permission for \_\_\_\_\_ to attend the Scout activity from Friday, June 16th, 2006 at 6:00pm to Sunday, June 18th, 2006 at 1:00pm at Hersheypark Amusement Park, Hershey, PA.

**PERMISSION SLIP MUST BE TURNED IN BY JUNE 15, 2006 - 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: \$ 47.00 per Scout x \_\_\_\_\_ Scout(s) = \$ \_\_\_\_\_ Amount Due (Total)

**NOTE: PATROL FOOD & SAT LUNCH/DINNER IN PARK IS EXTRA COST!**

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