



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



Activity: Troop 965 Beach Brawl Trip  
Location: Holts Landing State Park, Rehobeth Beach, DE

Departing Location: Level Fire Hall      Date: Friday, June 15th, 2007      Time: 6:00pm  
Returning Location: Level Fire Hall      Date: Sunday, June 17th, 2007      Time: 1:00pm

Adult Leaders:                      John Dowdy                                      Ken Collins                                      other leaders

**Notes:** Eat supper before arriving Friday; wear class B uniform to travel. Bring money for Saturday night supper on the boardwalk in Rehobeth & also for boardwalk games (\$30 suggested). Bring gear from attached packing list in a soft bag to be placed in a car. Bring box lunch for Saturday.  
**Activity cost is:** \$8.00 per Scout      **Patrol food and Sat night supper will be extra**

Please detach and return the permission slip below by:  
**THURSDAY, JUNE 14, 2007 – 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 15th, 2007 at 6:00pm to Sunday, June 19th, 2007 at 1:00pm at Holts Landing State Park, Rehobeth Beach, DE.

**PERMISSION SLIP MUST BE TURNED IN BY JUNE 14, 2007 - 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: \$ 8.00 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** \_\_\_\_\_