



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



Activity: Troop 965 Sports Weekend & Maize Quest After Dark Outing

Location: 2885 New Park Road, New Haven, PA 17352

Website: <http://www.mazefunpark.com/>

Departing Location: Level Fire Hall

Date: Friday, Oct 9th, 2009

Time: 6:00pm

Returning Location: Level Fire Hall

Date: Sunday, Oct 11th, 2009

Time: 1:00pm

Adult Leaders: Ken Collins John Dowdy other leaders

Notes: Over 20 attractions in the fun park, including an 80-foot tube slide! This year's corn maze theme is the wild, wild west. It is cut in the shape of a giant, bronco-riding cowboy. But bring a flashlight because we'll be doing it after dark! Should be a great, fun weekend!

Activity cost is: \$24 per Scout/Adult **Patrol food will be extra**

Please detach and return the permission slip below by:

THURSDAY, OCT 08, 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 Friday, Oct 9th, 2009 at 6:00pm to Sunday, Oct 11th, 2009 at 1:00pm at Maize Quest Fun Park, New Haven, PA.

PERMISSION SLIP MUST BE TURNED IN BY OCT 08, 2009 - 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: \$ 24 per Scout/Adult x _____ Scout(s)/Adult(s) = \$ _____ 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** _____