



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



**Activity:** Cobras Patrol Outing

**Location:** Skippers Point, Edgewood Area of Aberdeen Proving Ground, MD

**Departing Location:** Level Fire Hall

**Date:** Friday, April 24th, 2009

**Time:** 5:30pm

**Returning Location:** Level Fire Hall

**Date:** Sunday, April 26th, 2009

**Time:** 2:00pm

**Adult Leaders:** Rob Cook Jeff Waugh other leaders

**Notes:** Eat supper before arriving Friday; wear class B uniform to travel. Skippers Point campground is located in the Edgewood Area of Aberdeen Proving Ground.

**Activity cost is:** \$5.00 per Scout Other activities will cost extra

**Patrol food will be extra**

Please detach and return the permission slip below by:  
**THURSDAY, APRIL 23, 2009 – AND NO LATER!**

*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 Friday, April 24th, 2009 at 5:30pm to Sunday, April 26th, 2009 at 2:00pm at Skippers Point Campground, Edgewood Area of Aberdeen Proving Ground.

**PERMISSION SLIP MUST BE TURNED IN BY APRIL 23, 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: \$ 5.00 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** \_\_\_\_\_