



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



Activity: Flying Eagles Patrol Outing

Location: Camp Running Bear-Camp Dancing (old Camp Alkor Spring), 10 minutes N of Hunt Valley, 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: Loretta Cook Roland Lapointe other leaders

Notes: Eat supper before arriving Friday; wear class B uniform to travel. Camp Running Bear-Camp Dancing Bear (old Camp Alkor) near Gunpowder State Park. We will be staying in cabins. Bathrooms and kitchen available. **Climbing at Earth Treks in Timonium (parents must sign a waiver; cost is \$16 cash).**

Activity cost is: \$15.00 per Scout for cabin (payable to BSA Troop 965) \$16.00 cash for Earth Treks

Patrol food will be extra

Please detach and return the permission slip below by:
WEDNESDAY, APRIL 22, 2009 (COURT OF HONOR) – AND NO LATER!

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, April 24th, 2009 at 5:30pm to Sunday, April 26th, 2009 at 2:00pm at Camp Running Bear-Camp Dancing Bear.

PERMISSION SLIP MUST BE TURNED IN BY APRIL 22, 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: \$ 15.00 per Scout x _____ Scout(s) = \$ _____ Amount Due (Total)

NOTE: PATROL FOOD IS EXTRA COST! EARTH TREKS IS \$16 CASH!

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