



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



**Activity:** Troop 965 Rocket Launch Activity  
**Location:** Harford County Air Park, 3538 Aldino Road, Churchville, MD

**Departing Location:** Level Fire Hall      **Date:** Thursday, April 20th, 2006      **Time:** 6:15pm  
**Returning Location:** Level Fire Hall      **Date:** Thursday, April 20th, 2006      **Time:** 8:30pm

**Adult Leaders:**    John Dowdy      Ken Collins      Bill Caporellie      other leaders

**Notes:** Dress appropriately for the weather. No food or drinks. Bring rockets, launchers, engines, etc. No fee for launch activity. Must abide by all airport and Troop safety instructions. Activity contingent on weather conditions. In event of rain or high winds, we will cancel the activity and have a regular Troop meeting at Level Fire Hall instead.  
**Activity cost is:** n/a per Scout

Please detach and return the permission slip below by:  
**THURSDAY, APRIL 13, 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.*



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I hereby give permission for \_\_\_\_\_ to attend the Scout activity from Thursday, April 20th, 2006 at 6:15pm to Thursday, April 20<sup>th</sup>, 2006 at 8:30pm at Harford County Air Park – Rocket Launch activity

**PERMISSION SLIP MUST BE TURNED IN BY APRIL 13<sup>th</sup>, 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: \$ n/a per Scout x \_\_\_\_\_ Scout(s) = \_\_\_\_\_ Amount Due (Total)

**Cash ONLY** \$ \_\_\_\_\_ Received by: \_\_\_\_\_