



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



Activity: Troop 965 Rocket Launch Activity
Location: Harford County Airport, 3538 Aldino Road, Churchville, MD

Departing Location: Level Volunteer Fire House **Date:** Thursday, June 21st, 2007 **Time:** 6:15pm
Returning Location: Level Volunteer Fire House **Date:** Thursday, June 21st, 2007 **Time:** 8:45pm

Adult Leaders: John Dowdy Ken Collins other leaders

Notes: Field trip meeting to launch the rockets we built at June 14th meeting. Please arrive at Level by 6:15pm, leave cars in parking lot, and car pool to the airport. Bring rockets to launch, personal launch pads, water, and engines or money to purchase engines. FOLLOW ALL SAFETY DIRECTIONS AND PRECAUTIONS! Activity is 6:30-8:30pm. Car pool back to Level for pickup at 8:45pm. Class C uniform (red troop t-shirt and black troop visor cap).

Activity cost is: money for engines??? per Scout

Please detach and return the permission slip below by:
THURSDAY, JUNE 21ST, 2007 – 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 Thursday, June 21, 2007 at 6:15pm to Thursday, June 21, 2007 at 8:45pm at Harford County Airport, 3538 Aldino Road, Churchville, MD

PERMISSION SLIP MUST BE TURNED IN BY JUNE 21ST, 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: \$ _____ per Scout x _____ Scout(s) = _____ Amount Due (Total)

Cash ONLY \$ _____ Received by: _____