



**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 Fire Hall parking lot **Date:** Thurs, Jun 12, 2008 **Time:** 6:30 PM
Returning Location: Level Fire Hall parking lot **Date:** Thurs, Jun 12, 2008 **Time:** 8:30 PM

Adult Leaders: Rich Crisco Bill Caporellie John Dowdy and other leaders

Notes: Field trip meeting to launch the rockets we built at June 5th 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).In event of rain, we will have a regular Troop meeting instead.

Activity cost is: N/A per Scout (includes any fees, insurance, etc.)

Please detach and return the permission slip below by **THURSDAY, JUNE 12TH, 2008 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 Jun 12 at 6:30 PM to Jun 12 at 8:30 PM at Harford County Airport, 3538 Aldino Road, Churchville, MD

PERMISSION SLIP MUST BE TURNED IN NO LATER THAN JUNE 12 MEETING - 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) = \$ 0 Amount Due (Total)