



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



Activity: Troop 965 Ski Trip

Location: Ski Roundtop, Lewisberry, PA

Departing Location: Level Fire Hall **Date:** Saturday, Feb 28, 2009 **Time:** 6AM

Returning Location: Level Fire Hall **Date:** Saturday, Feb 28, 2009 **Time:** 8PM

Adult Leaders: Ed Boris Anita Boris Lyle Sheldon Brian Placzankis

Notes: Please fill out and return with money (balance) NLT 19 Feb 08. Siblings will require the presence of a responsible parent during the entire trip.

Activity cost is: \$ 90.00 per Scout, sibling or Adult (includes any fees, insurance, etc.)

Please detach and return the permission slip below by **THURSDAY, Feb 19th 2009 -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 Saturday Feb 28 2009 at 6am to Saturday, Feb. 28th, 2009 at 8pm at Ski Roundtop

PERMISSION SLIP MUST BE TURNED IN BY February 19th - 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: _____ located _____,

Phone #: _____

Please list (on back) any medical condition, which should be made known 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: \$ 90.00 per Scout, Sibling or Adult x _____ Scout(s) = _____ Amount Due (Total) _

Check (payable to: **Troop 965 BSA**) \$ **Cash** \$ Received by: _____

From Scout Account \$ _____ **Approved by Troop Treasurer** _____