



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



Activity: Troop 965 Slickrock Wilderness Shakedown
Location: Pines Outpost, Broad Creek Memorial Scout Reservation, MD

Departing Location: Level Fire Hall **Date:** Saturday, May 2nd, 2009 **Time:** 7:30am
Returning Location: Level Fire Hall **Date:** Sunday, May 3rd, 2009 **Time:** 1:00pm

Adult Leaders: John Dowdy Dave Mentzer Dave Butz other leaders

Notes: Backpack the Red Trail at Pines Outpost – BSA High Adventure Camp at Broad Creek Memorial Scout Reservation (Whiteford, MD).

Activity cost is: \$TBD per Scout **Patrol food will be extra**

Please detach and return the permission slip below by:
THURSDAY, APRIL 30, 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, May 2nd, 2009 at 7:30am to Sunday, May 3rd, 2009 at 1:00pm at Pines Outpost, Broad Creek MSR, MD.

PERMISSION SLIP MUST BE TURNED IN BY APRIL 30, 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: \$ TBD per Scout x _____ Scout(s) = \$ _____ Amount Due (Total)

NOTE: PATROL FOOD IS EXTRA COST!

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