



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



**Activity:** Summer Camp

**Location:** Camp Horseshoe (Timberline Campsite), 1286 Ridge Road, Rising Sun, MD 21911

**Departing Location:** Parents to bring Scouts to Camp

**Date:** Sunday, July 1, 2007

**Time:** 1:45 PM

**Returning Location:** Parents to pick up Scouts from Camp

**Date:** Sunday, July 8, 2007

**Time:** 1:00 PM

**Adult Leaders:** Bill Caporellie

Christine Kertis

Debbie Bowman

Brian Placzankis

**Notes:** Wear Class A uniform with bathing suit underneath.

Bring materials and/or money if required for chosen merit badges.

**Activity cost is:** \$200 per Scout (includes any fees, insurance, etc.)

Please detach and return the permission slip below by **SUNDAY, JULY 1, 2007 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 Sunday, July 1, 2007 at 1:45PM to Sunday, July 8, 2007 at 1:00 PM at Camp Horseshoe.

**PERMISSION SLIP MUST BE TURNED IN NO LATER THAN JULY 1, 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:** \_\_\_\_\_

Activity cost: \$200 per Scout x \_\_\_\_\_ Scout(s) = \_\_\_\_\_ Amount Due (Total)

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

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