



**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 05, 2009

Time: 1:45 PM

Returning Location: Parents to pick up Scouts from Camp

Date: Sunday, July 12, 2009

Time: 1:00 PM

Adult Leaders: Bill Caporellie

Christine Kertis

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: \$284 per Scout (includes any fees, insurance, etc.) minus any deposits paid

Please detach and return the permission slip below by **SUNDAY, JULY 05, 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 Sunday, July 05, 2009 at 1:45PM to Sunday, July 12, 2009 at 1:00 PM at Camp Horseshoe.

PERMISSION SLIP MUST BE TURNED IN NO LATER THAN JULY 05, 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:** _____

Activity cost: \$284 per Scout x ___ Scout(s) minus ___ deposits paid (if any) = ___ Total Amount Due

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

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