



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



**Activity:** Troop 965 Advancement Day  
**Location:** Susquehanna State Park Picnic Area

**Departing Location:** Picnic area parking lot      **Date:** Sunday, June 4th, 2006      **Time:** 1pm  
**Returning Location:** Picnic area parking lot      **Date:** Sunday, June 4th, 2006      **Time:** 4pm

**Adult Leaders:** John Dowdy      Cindy Majewski      Ken Collins      Other Leaders  
**Notes:** Wear Class "C" uniform, bring Scout Handbook and any materials needed for advancement.  
**Activity cost is:** \$ N/A per Scout (includes any fees, insurance, etc.)

Please detach and return the permission slip below by **THURSDAY, JUNE 1, 2006 - 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, June 4, 2006 at 1pm to Sunday, June 4, 2006 at 4PM at Susquehanna State Park picnic area

**PERMISSION SLIP MUST BE TURNED IN BY JUNE 1, 2006 - 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): \_\_\_\_\_ .