



**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: Sun, June 8th, 2008 Time: 1:00pm
Returning Location: Picnic Area parking lot Date: Sun, June 8th, 2008 Time: 4:00pm

Adult Leaders: John Dowdy Cindy Majewski Ken Collins Susan Beatty 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 5, 2008 – 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 Sun, June 8th, 2008 at 1:00pm to Sun, June 8th, 2008 at 4:00pm at Susquehanna State Park picnic area.

PERMISSION SLIP MUST BE TURNED IN BY JUNE 5, 2008 - 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: \$ N/A per Scout x _____ Scout(s) = \$0 Amount Due (Total)