



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



Activity: Valley Forge Orienteering Outing
Location: Valley Forge, Camp Jarvis, Devon, PA

Departing Location: Level Fire Hall parking lot **Date:** Fri, Nov 14, 2008 **Time:** 6:00 PM
Returning Location: Level Fire Hall parking lot **Date:** Sun, Nov 16, 2008 **Time:** 12:00 AM
Adult Leaders: Christine Kertis Tim Byrnes and other leaders

Notes: This is 5 minutes from Valley Forge National Historic Park. You can earn a Historic Trails medal for completing a 9-mile orienteering course. We will be staying in tents outside the large cabin; we will use the cabin for a neckerchief carving/painting activity. Bring an orienteering compass and a pencil. Money for gift shop is optional; they have a very nice gift shop at the visitors center. Bring your carved axe neckerchief slide for contest and cherry pie recipe for the dutch oven cherry pie contest in honor of George Washington

Activity cost is: \$ 15.00 per Scout/Adult (includes any fees, insurance, etc.)

NOTE: PATROL FOOD IS EXTRA COST!

Please detach and return the permission slip below by **THURSDAY, NOVEMBER 13TH, 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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ACTIVITY ANNOUNCEMENT/PERMISSION SLIP**



I hereby give permission for _____ to attend the Scout activity from Nov 14 at 6:00 PM to Nov 16 at 11:00 AM at Valley Forge, Camp Jarvis, Devon, PA

PERMISSION SLIP MUST BE TURNED IN NO LATER THAN NOV 13 MEETING - 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: \$ 15 per Scout/Adult x _____ Scout(s)/Adults(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** _____