



**Please return this entire sheet!!**  
**BOY SCOUT TROOP 965**  
**ACTIVITY ANNOUNCEMENT/PERMISSION SLIP**



**Activity:** Bel Air July 4<sup>th</sup> Parade

**Location:** Mary Risteau Building (District Courthouse) parking lot – Bond Street in Bel Air

**Departing Location:** Provide own transportation to Bel Air

**Date:** July 4<sup>th</sup> (any surprise??)

**Notes:** This event is a scout account fundraiser. We'll be selling funnel cakes, French fries, hot dogs, and drinks. Scouts wear class B uniform for all shifts except Wednesday morning (shift 1).

**My scout has selected the following shift(s) to work:**

Name:

Working Adult:

- \_\_\_\_\_ Shift 1: 7:00 - 9:00 **AM**
- \_\_\_\_\_ Shift 2: 4:30 - 6:30 PM
- \_\_\_\_\_ Shift 3: 6:00 - 8:00 PM
- \_\_\_\_\_ Shift 4: 7:30 -10:00 PM
- \_\_\_\_\_ Shift 5: 9:30 PM – Midnight/closing

**Please return this entire sheet on Thursday, June 21<sup>st</sup>.**  
**The top half will be returned to your Scout!**



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



I hereby give permission for \_\_\_\_\_ to attend the Scout activity on July 4th at the District Courthouse parking lot on Bond Street in Bel Air

**PERMISSION SLIP MUST BE TURNED IN June 21<sup>st</sup>!!**

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 is not working the stand is:** \_\_\_\_\_ Phone: \_\_\_\_\_

Please list (on back) any medical condition, which should be made known 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:** \_\_\_\_\_

**Please return this entire sheet!!**