TROOP 93 ACTIVITY PERMISSION FORM

Campout Dates From : _____ To : _____

Location : _____

Departure Date : _____ Departure Time : _____

Departing From : _____

Return Date : _____ Return Time : _____

Return To : _____

Detach here and return to Scout Master no later than : _____

..... *cut here* .....*(Keep the top portion)* ..... *cut here* .....
(Return the bottom portion on or before the above date)

Scout _____ [ ] Has our/my permission
[ ] Will not be able

to attend :
_____

Campout from : _____ To : _____
(date) (date)

Remarks :

The person above has permission to engage in all prescribed activities, except as noted above (Remarks) by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection.

I can provide transportation for _____ scouts to the campout. _____

I can provide transportation for _____ scouts from the campout. _____

I will be able to attend the campout _____ (yes / no)

Signature : _____ Date : _____

Phone (home) : _____ Phone (work) : _____

Cost - Food $_____ Other $_____ Total $_____ Cash or Check #_____

Additional Notes : Any adults wishing to attend are welcome ! Please let us know. Contact the Scout Master, Activity organizer, or Troop website for further information regarding this Activity.

(T93Form01.PS) *Based on another fine GraphicWriter III v 2.0 document*