

Boy Scout Troop 1139
Activity Announcement

Date: February 20, 2010
To: All scouts/parents
From: Doug Rodenberger/Jeff Mott
RE: AirZoo Outing

Attachments: Outing Permission Form

The Troop will be having an Aviation Day outing on May 15th. We will be going to the AirZoo in Kalamazoo. In order to keep costs down, Scouts will need to pack their own meals and any snacks they want for the trip. We will have a cooler to keep items in.

- Permission slip must be filled out and signed by a parent and are due to Mr. Mott by May 3rd.
- Cost of \$15 will be deducted from Scout accounts.

Trip details are listed below.

- **Departure**
Depart the Methodist Church at 7:00 am.
- **Return**
Return to the Methodist Church at 8:00 pm
- **Location(s)**
AirZoo-Kalamazoo, MI
- **Cost**
\$15.00
- **Attendance form**
Due to Mr. Mott by May 3rd.

Boy Scout Troop **1139**

Outing Permission Form

As the parent or legal guardian of (print scout's name) _____ ,
 I hereby give my permission for this youth to participate in the below listed outing with Troop 1139. I give permission to the leaders of Troop 1139 to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed. I further agree to hold Troop 1139 and its leaders blameless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines.

Outing:	AirZoo Trip
Location:	AirZoo-Kalamazoo,MI
Trip Date(s):	May 15, 2010
Cost:	\$15 per Scout
Payment will be deducted from Scout Accounts	

Parent or Guardian Signature: _____

Date: _____

Emergency Contact Information:

Primary Contact Name:									
Relationship to Scout:									
<i>Contact Numbers for Parent(s) or Guardian</i>	Home								
	Work								
	Cell								
	Other								
Secondary Contact Name:									
Relationship to Scout:									
<i>Contact Numbers for Neighbor or close relative</i>	Home								
	Work								
	Cell								
	Other								
Family Doctor's Name:						Phone Number:			
Insurance Provider's Name:						Policy Number:			
						Group Number			

Detach and return completed form to leader in charge by the due date