

**Troop 880 Baseball Hall of Fame**  
**June 27<sup>th</sup> -29<sup>th</sup>**  
**Located in Cooperstown, New York**

- This form must be completed and returned before June 19<sup>th</sup>
  - Scout \_\_\_\_\_ has my permission to attend the Baseball Hall of Fame Trip with Scout Troop 880 in Cooperstown New York.
  - Emergency medical treatment is authorized in case parents can't be contacted. Phone numbers where parents can be reached in an emergency during the trip. (\_\_\_\_)-\_\_\_\_\_.
  - We will be meeting at church at 5.00 pm on June 27<sup>th</sup> and returning about 12 pm on June 29<sup>th</sup>.
  - This trip is Patrol Cooking. Saturday lunch & dinner and breakfast for Sunday.
  - Will Scout be bringing any medications or inhalers? Yes \_\_\_\_\_  
No \_\_\_\_\_
  - Is the scout allergic to any foods or insect bites? Yes \_\_\_\_\_  
No \_\_\_\_\_ if yes, please explain.
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- Please provide name of medications / inhalers \_\_\_\_\_.  
All medications need to be in original container and handed to Scout leader by parent.
  - \_\_\_\_\_ I can drive \_\_\_\_\_ I have room for \_\_\_\_\_
  - \_\_\_\_\_ I will be attending as an adult leader
  - Cost: \$22.00 per person 13 and over. Cost \$12 age 12 and under.
  - Name of Parent \_\_\_\_\_
  - Signature \_\_\_\_\_ date \_\_\_\_\_
  - Hand in or mail to Mr. Maneeley 326 Quarry Brook Drive S.  
Windsor, CT. 06074