

Troop 880

Orienteering Weekend

Permission slip

April 25th & 26th

- This form must be completed 4/19/08
- Scout _____ has my permission to attend the April Orienteering trip at J N Webster Ashford, CT. April 25, 26.
- Emergency medical treatment is authorized in case parents cannot be contacted. Phone numbers where parents may be reached in an emergency during the trip. (____)- _____.
- We will be meeting at church at 9 am on Saturday April 25th returning about 12 pm Sunday the 26th of April
- Will Scout be bringing any medications or inhalers? Yes _____ No _____
- 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 _____ scouts including gear.
- _____ I will be attending as an adult leader
- Cost for the trip will be 10 dollars per person. This is for camping and maps fees
- Name of Parent _____ Signature _____ date _____
- Present or mail to Mr. Maneley 326 Quarry Brook Drive S. Windsor, CT. 06074 Please call me at 1-860-882-3111 if you have any questions.