

**TROOP 61**  
**ACTIVITY INFORMATION and Permission Slip**

**Activity:** Troop planning overnight

**Place of Activity:** Asbury UMC

55 w.Lincoln Ave. Delaware, OH

**Time/Place of Departure:** Friday 10AM Asbury United Methodist Church

**Time/Place of Return:** Saturday 11AM Asbury United Methodist Church

**Contact Name/Phone Number while at Activity:**

John Lindeboom Cell 740 803 0293

**Misc. Information:**

We will be spending the night inside the church. Please see Flyer for agenda of event. Scouts will need a sleeping bag & pillow, 2 class B shirts, Scout Hand book, notebook or something to write on.

Weather permitting we will be selling bottled water at the car show Saturday from 11 to ? We will walk from the church to the car show. Your Scout may want money for food at the show??

**RECEIPT FOR CASH:** \$ \_\_\_\_\_ **RECEIVED BY:** \_\_\_\_\_

**BOY SCOUT TROOP 61**  
**Activity Permission Slip**

**Activity:** Troop Planning Overnight

**Date(s):** July 23<sup>rd</sup> - July 24<sup>th</sup>

I/We hereby give permission for \_\_\_\_\_ to participate in this activity.

**IN CASE OF EMERGENCY,** I/We can be reached at \_\_\_\_\_ or \_\_\_\_\_ . I authorize the adult in charge of this activity to enforce the policies of the Boy Scouts of America and the policies of the Boy Scout troop. I/We hereby voluntarily waive any claim against the persons identified below for any and all occurrences which might arise:

- 1) Drivers who furnish transportation.
- 2) Leaders of Troop 61.
- 3) Leaders of the Boy Scouts of America (Local and National Council).
- 4) The chartered organization (Asbury U.M. Church).

No liability whatsoever is assumed or will be exercised by the undersigned. I also give permission for the adult leaders on this outing to authorize emergency treatment should such treatment be deemed by them to be necessary.

**DATE:** \_\_\_\_\_ **NAME(S) PRINTED:** \_\_\_\_\_

**SIGNATURE(S):** \_\_\_\_\_

