

TROOP 61
ACTIVITY INFORMATION and Permission Slip

Activity: Columbus Blue Jackets Game - Scout Day w/ the Blue Jackets – 2:00 PM

Place of Activity: Nationwide Arena

Columbus, OH

Time/Place of Departure: January 16, 2010 @ 12:00 Noon - Asbury Church

Time/Place of Return: January 16, 2010 @ 6:00 PM (Approx.) - Asbury Church

Contact Name/Phone Number while at Activity:

John Lindeboom Cell 740-803-0293

David Gribben Cell 740-816-1780

Misc. Information:

This is a family activity. All family members may attend. If we order together through the troop, then our seats should be together.

Meeting at the church is only necessary if a scout needs a ride from someone other than their family. Otherwise you may leave directly from your home.

Scout uniform shirts are strongly encouraged since this is scout day w/ the Blue Jackets.

The deadline to order with the troop is Monday, 1/4/2010 at the troop meeting.

The fee is \$20.00 per person.

Please bring \$20.00 per person and your permission slip to any of the Troop meetings through 1/4/2010.

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

BOY SCOUT TROOP 61

Activity Permission Slip

Activity: Columbus Blue Jackets Game

Date(s): January 16, 2010

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

Number of tickets needed _____ **x \$20.00 = \$** _____ **Amount Due**

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): _____

