

PERMISSION FOR SCOUT ACTIVITY
Northwest Suburban Council, Boy Scouts of America
600 North Wheeling Road, Mount Prospect, IL 60056

Troop 34 is planning the following activity:

What: Bowling at Brunswick Zone

When:

Monday, November 8, 2004 from 7:00pm – 8:30pm (During the normal troop meeting time. There will be NO formal troop meeting that evening.) Parents should drop off their Scout at the bowling lane and pick them up at the end of the evening.

Where:

Brunswick Zone, 519 S. Consumers Ave., Palatine, IL 60074, phone: 847-392-8290

Brunswick is located at the end of Consumers Ave., which is near the Palatine Post Office on Northwest Highway between Wilkie and Route 53. It is near Orbit Skate Rink.

Contact name and phone #'s: Dave Marion (847-363-8870 cell or 847-259-8896 home) or Mark Ziegenhorn (847-636-8552 cell or 847-577-6085 home).

PLEASE EAT BEFORE ARRIVING. YOU MAY WISH TO BRING A WATER BOTTLE ALONG. SCOUTS WILL NOT BE ALLOWED TO USE THE VENDING MACHINES AND NO POP WILL BE ALLOWED.

Fees and Other Information

There is NO COST for this outing. If you have your own bowling ball and shoes please bring them along.

SCOUTS ARE TO WEAR THEIR BLUE TROOP SHIRTS.

Detach here and retain this page.

SIGNATURE PAGE – PLEASE COMPLETE AND RETURN TO EITHER DAVE MARION OR MARK ZIEGENHORN

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My son, _____, has my permission to go with Troop 34 on the above event.

IN CONSIDERATION OF THE SERVICES DONATED BY OTHERS, I WILL HOLD FREE FROM LIABILITY IN CASE OF ACCIDENT OR ILLNESS THE NORTHWEST SUBURBAN COUNCIL OF BOY SCOUTS, TROOP 34, AND ITS LEADERS. I AM FAMILIAR WITH THE DETAIL OF THE ACTIVITY, AND HAVE PROVIDED MY SON WITH THE NECESSARY FUNDS AND EQUIPMENT. I WILL BE SURE THAT HE DOES NOT ATTEND IF HE IS NOT IN PROPER HEALTH AND CONDITION ON THAT DAY. HE MAY RECEIVE EMERGENCY MEDICAL ATTENTION AT MY EXPENSE AND WITHOUT FURTHER AUTHORIZATION SHOULD HE BECOME ILL OR INJURED ON THE OUTING.

During the activity, I may be reached at _____.
(phone)

If I cannot be reached, please contact _____, at _____.
(name & relationship) (phone)

Alternate phone #s _____

(Date)

Signed (parent or guardian)

Please be sure to supply phone numbers that you or your designated person can be reached at all times. Since we may need to reach you to notify you of a cancellation or emergency please do not supply only a business or cell phone that is not accessible at all times.