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Troop 229 Bowling Night
Friday January 22nd, 2010
Coram Country Lanes
615 Middle Country Road, Coram
6:45pm to 9:00pm
\$15.00 per person
 Price includes 2 hours of bowling,
 shoe rental, 2 slices of pizza & a soda

YES _____ I (adult) hereby give _____ (scout) permission to attend the TROOP BOWLING NIGHT on January 22nd, 2010.

NO _____ My son will not be able to attend the TROOP BOWLING NIGHT on January 22nd, 2010.

DO NOT COMPLETE BOTTOM OF FORM IF YOU OR YOUR SON ARE NOT ATTENDING

I authorize any medical treatment that may be necessary during this outing.

SIGNED _____

HEALTH INSURANCE PROVIDER _____

THE I.D. # IS _____

MY PHONE # IS _____

EMERGENCY PHONE # _____

LIST ANY MEDICATIONS THAT ARE REQUIRED DURING THIS OUTING:

CHECK ONE

1. I WILL BE ABLE TO PROVIDE TRANSPORTATION FOR ___ SCOUTS.

2. I WILL NOT BE AVAILABLE THIS FRIDAY.

I give permission for _____ to drive my son to/from the TROOP BOWLING NIGHT.

NUMBER OF BOWLERS _____ X \$15.00 = \$ _____

PAYMENT BY:

___ CASH ___ CHECK (CHECK # _____) ___ SCOUT ACCOUNT

ALL PERMISSION SLIPS & PAYMENTS ARE DUE JANUARY 21st. NO WALK INS ALLOWED.

Please fill out and return this form if your son is going or not

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