



# Troop Laser Kingdom Night

November 19th, 2009

Laser Kingdom

544 Middle Country Road, Coram

6:15pm to 7:30pm

\$10.00 per person

Price includes 3 games,

1 large fountain drink & 1 bag of chips

YES \_\_\_\_\_ I HEREBY GIVE \_\_\_\_\_ PERMISSION TO ATTEND THE TROOP LASER TAG OUTING on November 19<sup>th</sup>, 2009 at Laser Kingdom in Coram.

NO \_\_\_\_\_ MY SON \_\_\_\_\_ WILL NOT BE ABLE TO ATTEND THE TROOP LASER TAG OUTING ON November 19<sup>th</sup>, 2009 at Laser Kingdom in Coram.

**DO NOT COMPLETE BOTTOM OF FORM IF YOU OR YOUR SON IS NOT ATTENDING ALL FORMS & MONEY IS DUE BY NOVEMBER 12<sup>TH</sup>, 2009**

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 ALLERGIES WE SHOULD BE AWARE OF OR MEDICATIONS THAT MAY BE REQUIRED DURING THIS OUTING:

CHECK ONE

- 1.  I WILL BE ABLE TO PROVIDE TRANSPORTATION FOR \_\_\_\_\_ SCOUTS.
- 2.  I WILL NOT BE ABLE TO PROVIDE TRANSPORTATION.
- 3.  I GIVE PERMISSION FOR \_\_\_\_\_ TO DRIVE MY SON to Laser Kingdom in Coram

NUMBER OF PEOPLE ATTENDING \_\_\_\_\_ X \$10=\$\_\_\_\_\_

PAYMENT BY: \_\_\_\_\_ CASH ONLY (Sorry no checks or Scout Accounts on this outing)

Please give money & permission slip to Sherry, Kathy or Jo Ann

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

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