

Troop 307 Parent Permission for Special Activity

Activity:	Destination:
Day/s:	Address:
Date/s:	
Drop off Time:	Phone:
Pick up Time:	Notes:
United Methodist, 9901 Tujung Cyn. Bl., 91042	

Cost per Scout: <input type="checkbox"/> cash or check \$ <input type="checkbox"/> cash only	Adults Attending/Driving:	Emergency Phone Numbers: (818 Area Code)
Check Payable to:	<input type="checkbox"/> SM Ron Coste	H) 951-2122 (Jennie) C) 497-8070
Give To:	<input type="checkbox"/> ASM Dave Coorough	H) 353-5653 (Cricket)
Due By:	<input type="checkbox"/> ASM Walt Alves	H) 951-3409 (Denise) C) 445-9957
Optional/Additional Costs: \$ for:	<input type="checkbox"/> CC Patrick Sylvester	H) 356-1093 (Jany) C) 416-5180
\$ for:	<input type="checkbox"/> Brian Farrell	H) 352-9608 (Erin) C) 203-4471
\$ for:	<input type="checkbox"/>	H) C)

----- **Detach Here** (Keep the top portion, bring the signed bottom portion to the activity.) -----

My child /ren (names):		
has /have my permission to participate in (name of activity):	On (date):	
During activity, I may be reached at:		
Name:	Phone:	Phone:
If you cannot reach me, please contact:		
Name:	Phone:	Phone:
Signature of Parent or Guardian:		Date: