

BSA TROOP 32 TRAVEL PERMISSION FORM

PLEASE RETURN THIS PERMISSION SLIP WITH YOUR MONEY
BY _____ (due date is 10 days before event each time)

I CERTIFY THAT MY SON, _____, HAS MY
PERMISSION TO ATTEND THE TROOP 32 OUTING FOR THE MONTH OF
_____.

REALIZING THAT ACCIDENTS MAY HAPPEN, I WILL NOT HOLD TROOP 32
NOR ANY OF ITS REPRESENTATIVES RESPONSIBLE SHOULD ANY MISHAP
OCCUR.

IN CASE OF AN EMERGENCY, I HEREBY GIVE MY PERMISSION TO THE
TROOP 32 ADULT LEADERSHIP TO OBTAIN EMERGENCY MEDICAL CARE AS
NECESSARY.

_____ TOTAL FEE ENCLOSED: \$15.00 PER SCOUT AND \$5.00 PER ADULT

_____ I WANT TO DRIVE AND STAY.

MY VEHICLE HOLDS ____ PASSENGERS.

PARENT'S
NAME _____

PARENT'S
SIGNATURE _____

PHONE NUMBER(S) _____ DATE _____

ALTERNATE
CONTACT _____

PHONE
NUMBER(S) _____