TROOP 304/4304 PERMISSION SLIP

| My scout, | has my permissio | n to accompany Troop 304 on | an outing to: |
|---|--|---|---|
| Halloween Volunteering, Paisley, FL (Location) | | | Oct 24, 2025 - Oct 26, 2025 (Beginning Date) (Ending Date) |
| I AM AWARE THAT MY SCOUT M BEING ALLOWED TO ATTEND TH | | ERMISSION SLIP PRIOR TI | HE TRIP, BEFORE |
| Phone number where I may be reached | (Phone Number) | /or in case of emergency | and I am not available |
| Please contact(Name) | at | (Phone Number) | |
| Event Fee: <u>\$0</u> Propane Charge: <u>\$0</u> | | | Total: <u>\$0</u> |
| I have arranged for my Scout's transpor | rtation needs to and from | n the outing. | |
| Dropoff Location: Rockledg | ge Presbyterian Church | Date: 10/24/2025 | Time: <u>5:30 PM</u> |
| Pickup Location: Rockledg | ge Presbyterian Church | Date: <u>10/26/2025</u> | Time: <u>1:30 PM</u> |
| We also understand that the scout listed Scouts will be responsible for all items | d above is expected to a that they borrowed to b | ssist with post-trip cleanup un be taken home, to be cleaned a | lless pre-arranged with leaders. nd returned at the following meeting. |
| Parent/Guardian Signature: | | Date: | |
| Scout Signature: | Da | ate: | |
| T My scout, | | 4 PERMISSION SL n to accompany Troop 304 on | |
| Halloween Volunteering, Paisley, FL (Location) | | | Oct 24, 2025 - Oct 26, 2025 (Beginning Date) (Ending Date) |
| I AM AWARE THAT MY SCOUT M BEING ALLOWED TO ATTEND TH | | ERMISSION SLIP PRIOR TI | |
| Phone number where I may be reached | (Phone Number) | /or in case of emergency | and I am not available |
| Please contact(Name) | at | (Phone Number) | |
| Event Fee: <u>\$0</u> Propane Charge: <u>\$0</u> | Trailer Fee: <u>\$0</u> | Food Costs: <u>\$0</u> | Total: <u>\$0</u> |
| I have arranged for my Scout's transpor | rtation needs to and from | n the outing. | |
| Dropoff Location: Rockledg | ge Presbyterian Church | Date: <u>10/24/2025</u> | Time: <u>5:30 PM</u> |
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| Parent/Guardian Signature: | | Date: | _ |
| Scout Signature: | D: | ate: | |