

Activity Name

Boy Scout Troop 899 Activity Information

Location: **Location Name**
Address

Dates: **Select Start Date: Click here, then select dropdown arrow on right** to **Select End Date**

Activities: Description & Activities--This box will expand to the next line if needed.

Cost: Cost

Departing: **Select Depart Date—Meet at Location by Time.**
We depart (start driving) at Time. *Scouts should eat dinner before arriving.*

Returning: **Select Return Date at Time.** Meet at Location.

Adult Trip Leader: Name, phone, email

Co-Leader: Name, phone, email. Clear this text by entering a space or type 'none' if no co-leader

THIS INFORMATION SHEET IS DUE BY: Select Due date to Name

Any additional items due: ☐ None ☐ [list any additional items due](#)

----- Complete and return this information slip and BSA's Activity Consent form by due date -----

Parents: Click the grey box & start typing requested info (box will expand). Select check boxes. Or, print & complete.

Emergency Contacts & Parent Signature: Complete on BSA's activity consent form & turn in along with this completed information sheet.

My son _____ has permission to attend the Troop 899 outing to [Outing/Activity Name](#).

- Allergies or Food Restrictions: _____
- Will your child be taking medication on this trip? ☐ Yes ☐ No ☐ If **YES**, send just enough medication for the outing in the original packaging and discuss the medication directly with the TRIP LEADER.

Adults Attending:

- # Adults attending: ____
- Adult 1 Name: _____ Cell Phone: _____
☐ BSA's Youth Protections Training ☐ Yes ☐ No
- Adult 2 Name: _____ Cell Phone: _____
☐ BSA's Youth Protections Training ☐ Yes ☐ No
- If attending, can you drive? ☐ Yes ☐ No ☐ If **YES**, complete the next 3 bullets:
 - Number of passenger seat belts in vehicle: ____
 - Vehicle Year, Make, & Model: _____ License Plate #: _____
 - Does vehicle insurance meet MD State min. requirements? ☐ Yes ☐ No