

**Troop 216
Escape Room
February 12, 2017**

ACTIVITY: Beast Escape Room (www.beastescaperoom.com)
WHERE: 4517 S IL Route 159 Glen Carbon, IL 62034
DATE & TIME: Sunday February 12 at 2:15 pm, 4:15 pm projected finish
COST: \$17.50
WEAR: Class B uniform

EMERGENCY: Gary Gill 618 616-6769 Natasha McClintock 618 420-1951

**PLEASE return this permission slip and payment to
Mrs. Gill or Mrs. McClintock by 8:30 PM on Monday, February 6, 2017**

-----Return bottom portion with payment -----

I, _____ (parent's name) give permission for my son, _____ (full name) to attend and participate in all activities that are planned. I/we also give permission to any medical institution, person, or Scout Leader to render emergency treatment in the event of a medical emergency. My son is in good health and (circle one) is / is not taking any medications. In the event medications are needed, I will give them to the Leader in the original container with written instructions. In the event of an emergency, I/we can be reached at the following:

CONTACT NAME	HOME PHONE #	CELL PHONE #	RELATIONSHIP

SIGNATURE(S): _____

_____ I plan to attend (adult name) _____ \$ _____ owed
 _____ Please transfer \$ _____ from my scout's account to cover fees for this activity _____ (initials)
N/A I can transport _____ scouts, not including the driver

Rec'd _____ (date) by _____	Escape Room Feb. 12, 2017 \$17.50/participant				
	Amount	Cash	Check #	Scout Account	Notes
		<input type="checkbox"/>		<input type="checkbox"/>	
		<input type="checkbox"/>		<input type="checkbox"/>	