

Jeff's Eagle Scout Project

Who: Jeff Orland, Troop 671

What: Planting trees/vines & installing a sprinkler line in Almond Park-
College Park East

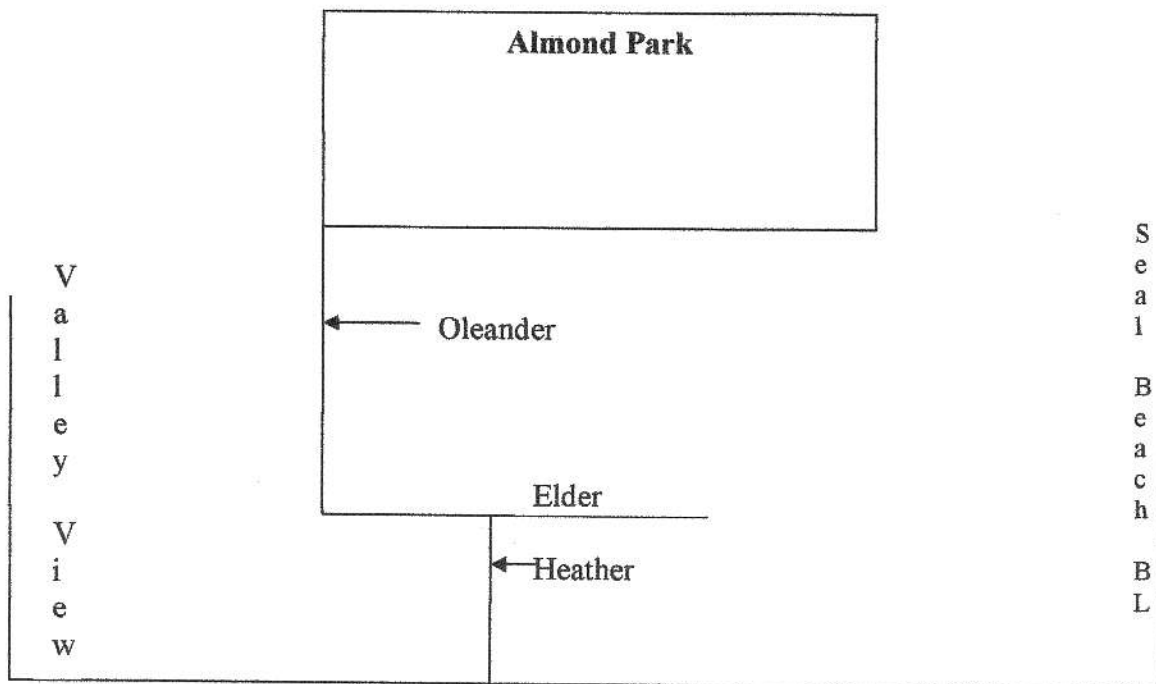
When: Saturday, September 13, 2008 9:00am -4:00pm
Saturday, September 20, 2008 (if needed) 9:00am -4:00pm

Where: Almond Park,
Seal Beach-College Park East-See Map below-from Heather turn left
onto Elder, then right onto Oleander to the park

Lunch will be provided

Things to Bring: Signed Permission Form, Gloves, Shovels

Signed Permission Forms are Available at <http://troop671.net>
<Look for the link called Jeff's Eagle Project>



Lampson

TROOP 671 PARENT / GUARDIAN PERMISSION SLIP

troop671.net on the Internet

EVENT: Eagle Service Project-Jeff Orland

For: Planting trees/vines for City of Seal Beach

DATES: Saturday, September 13, 2008 & Saturday, September 20, 2008 (if necessary)

LOCATION: Almond Park

3521 Almond Ave

Seal Beach, Ca

Rolls and Juice Provided at 9:00 am and Lunch Provided at 12:30 PM

MEET AT: Almond Park

ON: Saturday (9/13/08) AT: 9:00 AM to: 4:00 PM

Saturday (9/20/08) AT: 9:00 AM to: 4:00 PM (if necessary)

SCOUTMASTER / ADULT LEADER:

Greg Shoop & Mike Orland

EMERGENCY CONTACT:

Phone: 562-310-5122

PLEASE RETAIN TOP FOR YOUR RECORDS

MY SON _____

SSN: _____

FROM: Sat 9/13/08 9:00 am TO: Saturday 9/13/08 4:00 pm

LOCATION: Almond Park

I am ABLE / UNABLE to drive TO / FROM the event. My vehicle can transport _____ scouts/ scouters including myself. I certify that I have the required (BSA) amount of auto insurance, my vehicle is in good operating order and that all passengers will have seat belts. I also confirm that I have read and will obey the (BSA) auto safety requirements.

VEHICLE MAKE: _____ car / wagon / truck / van TAG No. _____

I am ABLE / UNABLE to participate for the ENTIRE EVENT / FOLLOWING DAYS: _____

In case of an emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure the proper treatment which may include emergency treatment, hospitalization, anesthesia, surgery or injections of medication to my son.

SIGNATURE: _____ Date: / /

EMERGENCY CONTACT _____ Tel# _____ Relationship _____

MEDICAL / HOSPITALIZATION INSURANCE INFORMATION

List of Medicines and attached directions for use:

List of Medicines my son is allergic to:

List of items my son is allergic to (bee stings, cats, dogs, hay fever, any foods, rashes)

Name of Insurance Company: _____

Policy Number: _____ Group No: _____

Name of Insured: _____ SSN: _____

Insured Employer Info: _____ Tel. No: _____

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