

# *Troop 457 invites Webelos and their parents to ...*

## **Zap Zone of Ann Arbor** **Monday, 18 January 2010, 6pm-8pm**

**Event** Scouts will test their teamwork skills at Zap Zone.

**Address:** Zap Zone of Ann Arbor, 2809 Boardwalk Blvd, Ann Arbor, MI

**Directions:** north on State St, right/east on Eisenhower Pkwy, left/north on Boardwalk Dr, Zap Zone on right

**Cost** **\$10.** Cash or check payable to **Troop 457.** Bring money if you want to play arcade games.

**Departure** Meet at the facility. The Troop 457 reservation runs from 6pm to ~7:45pm.

**Dinner** Pizza and drinks will be served.

Payment and completed permission slip is due **Monday, 11 January 2010 to:**  
**Dan Ouellette, 9661 Cambridge Dr, Saline, MI (734-429-0025)**

**Payment:** Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Account Cash Check # \_\_\_\_\_

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### **Troop 457 Activity Participation Authorization**

In consideration of the benefits to be derived and in view of the fact that the Boy Scouts of America is an educational organization, membership in which is voluntary, and having full confidence that every precaution will be taken to insure the safety and well-being of all participants during the activity noted below, I hereby acknowledge my awareness and grant my permission for my son, or ward, to participate in the activity. I further state that my son is in good health so far as I know, and that he has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my son.

**Activity:** Zap Zone of AA      **Departing:** 18-Jan-2010      **Returning:** 18-Jan-2010

**Participant Name(s):** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_

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**Payment:** Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Account Cash Check # \_\_\_\_\_