

Scout Activity Permission



Boy Scouts of America

Troop 259

2700 West Spring Creek Parkway Plano, TX 75023

I, _____ give my permission for my son
(Parent or Guardian's Names- Please Print)
_____ to attend and participate in the
(Scout's Name(s)- Please Print)
following Troop 259 Boy Scout of America activity.

_____ (Activity- Please Print) _____ (Dates From/To)

Signature of Parent or Guardian: X _____

Contact Person for this Activity is: _____

Telephone #: _____ or _____

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