Permission Slip For Alex Lambert's Eagle Project:
Waukesha Food Pantry

Needed: 16-20 scouts and 8-10 adults to help

Date: Sat. August 7th, & Sun, August 8th, 2010
Rain date of August 14th and 15th

Time: 9am-Meet at St. John to car pool
Return to church at 4 pm

Location: Waukesha Food Pantry
1301 Sentry Drive
Waukesha, WI 53186

Reasons to consider offering up your time:
1. I need service hours for a rank advancement.
2. I need service hours for Citizenship in the Community MB
3. Serving others is something we as scouts do well.

Call Alex Lambert
(262-785-0231) as soon as possible if you can help.

What to bring: Work gloves, water bottle, **call me** if you can bring a shovel or wheelbarrow

Duties:

- **Planting bushes and flowers**
- **Trimming evergreens and rosebushes**
- **Adding new mulch**
- **Building Benches**

If questionable weather occurs, call me on my cell phone 414-531-3314

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To Troop 16:

I hereby grant permission for my son, _____ to go to serve at Alex's Eagle Project being held at the Waukesha Food Pantry on ( ) Saturday August 7th and/or ( ) Sunday, August 8th, 2010. Under the leadership of Scot Flanery, and in consideration of his engaging in this activity, I agree to save harmless the said leader and his associates, our unit's sponsoring institution, and the Boy Scouts of America because of any claim arising on behalf of my said son from a possible injury or illness while engaging in this activity. Scouts to meet at St. Johns Lutheran Church at 9:00 am or else contact the Lamberts (262-785-2031) to arrange for transportation. Parent will pick up scout from the church at 4:00 pm.

( ) Parent will go and help ( ) Parent will not go

( ) I can transport _____ persons

( ) Any condition now requiring medication or treatment_____

I may be reached at _____, _____, _____
Phone number Street Address City
during this time. In the event I cannot be reached and emergency medical treatment is required, you may contact

( ) _____ @ ( ) _____ or ( ) you may authorize medical authorities to prescribe such treatment as deemed necessary.

Date: _____ Signature: _____

Return this permission slip to Alex at the event.