



Blood Drive!

Joseph Balzer Eagle Project Blood Drive



The Project: We will be calling potential donors to sign up for the blood drive on April 5th. Will be making cookies for the blood drive for the donors after they gave blood. And will need help assisting where needed during the blood drive.

Please mark the box(s) that you are able to help with the Blood Drive. You can mark all 3 if you would like to help in each area as they are all 3 on different days.

- Tuesday March 22nd Call for donors at the scout meeting at St. John's Church – Class "C" Uniform
- Saturday April 2nd from 1:00 – 4:30 Cookie Bake at 465 Victoria Lane – Joey's House – Class D (no uniform)
- Tuesday April 5th from 1:00 – 9:00 Blood Drive held during scout meeting at St John's Church – Class "B" Uniform
Please indicate the time you will be available to assist with the blood drive from _____ to _____

Don't Bring: Cell Phones (youth), Electronics, Sheath Knives, Fireworks

Travel Plans: Meet at St. Johns Church on Tues March 22nd and Tues April 5th and meet at Joey's house on Sat April 2nd pick up at 4:30 on that Saturday

Emergency Numbers: Joseph Balzer 262-875-7433, Mary Balzer 414-259-0059, David Balzer 262-501-6525

Parents are always welcome!!

Return permission slip by Tuesday March 22nd to Joseph Balzer

Potawatomi County Council Troop 16

Boy Scouts of America

I hereby grant permission for my son, _____ to help out with the Blood drive for the above listed dates/times under the leadership of Joseph Balzer. We will meet at St. John's at on Tuesday March 22nd and/or Saturday April 2nd meet at Joseph's house and/or Tuesday April 5th meet at St. John's Church.

- Father/Mother will go
- Father/Mother will not go
- Father or Mother can drive out
- Father or Mother can drive back
- We can transport _____ persons including driver Any condition now requiring medication or treatment: _____

During this time, I may be reached at:

_____ (_____) _____
 Address City Phone

In the event I cannot be reached and emergency medical treatment is required, you may contact:

() _____ OR
 Name Phone

() You may authorize medical authorities to prescribe such Treatment.

Date ____/____/____ Signed _____

Return permission slip by Tuesday March 22nd to Joseph Balzer.