Please MAIL in your ticket order or bring to January rehearsal and we'll have the tickets for the February rehearsal. PARENT/GUARDIAN PERMISSION FORM NAME OF EVENT.....Baltimore Blast Girl Scout Night MEDICAL FACILITY......St. Joseph's Hospital WHO WILL BE ATTENDING......Girl Scouts of Central Maryland Chorus DATE.....Sunday, February 10, 2019 SONG......God Bless America LOCATION.....SECU arena at Towson University ARRIVE.....2:00 PM STOP TIME.. end of game (or, if you want to leave, we'll be finished at 3:15PM) members. This is Girl Scout discount price. Bring ticket order to January rehearsal OR Mail ticket orders with permission slip to: Kelly Smith, 209 Kenwood Ave., Catonsville 21228 METHOD OF TRAVEL.......Parents' cars: note that girls attending the game should have a ticket-holding adult to supervise them, since it is unlikely that we will all get seats together. Of course, you can also sing and leave after we sing – not stay for the game at all WHAT TO WEAR..... Chorus shirts, black skirt or slacks ADULT IN CHARGE..... Pat Disharoon FIRST AIDER.....Kelly Smith EMERGENCY CONTACT: Russ Disharoon PHONE: 410-233-5337 **Troops/groups traveling to and from Girl Scout events must adhere to the driving/seatbelt/First Aid standards and checklists in SAFETY-WISE. PLEASE KEEP TOP HALF FOR YOUR RECORDS RETURN BOTTOM HALF OF FORM TO DIRECTOR by January rehearsal to order group tickets My daughter _____ has my permission to participate in the field trip to the Baltimore Blast game. I agree that my daughter is in good health and may participate in this activity. I give my permission for medical treatment if necessary. I understand that Girl Scout activity insurance is secondary to any personal insurance I may have. I agree that she will not attend this event if she should become ill or exposed to a contagious disease. I also give my permission for her to be photographed for publicity purposes. I, , will be performing with my daughter. I would like to order # of tickets for family and friends at \$23/ticket. Payment enclosed. Tickets will be distributed at February rehearsal. During the event I can be reached at: Location____ Pager number _____E Phone Number _____D Cellular Phone If I cannot be reached in an emergency, please contact (print information): Name Relationship to child Phone Number _____D Pager number Cellular Phone

Parent	(print name)
Parent	(signature) Date