



**BOY SCOUT TROOP 50  
RANDOLPH, NJ  
PATRIOTS' PATH COUNCIL, BSA**

EVENT: **PLANETARIUM at CCM**  
LOCATION: County College of Morris – Randolph, NJ  
DATE / TIME: Thursday, April 25, 2024. Check-in at 7:15 pm; show starts at 7:45 SHARP!!  
COST: \$10 / person (**Family members are invited too!**)  
TRIP LEADER: Mr. Lareau (973-479-6865 )

- REMARKS
- We will watching the “Starlit Nights” show. “In this fantastic live tour of the night sky, our astronomer will use the planetarium’s Digistar system to project tonight’s sky up on the dome. From constellations and stars to beautiful nebula and star clusters, we will point out what is currently in your night sky. We will show you where to find the moon and planets, as well as feature some of the latest astronomy news from our space telescopes and planetary probes.”
  - Please use Parking Lot #7 and follow the brown and white signs down to Cohen Hall. This is a 5-minute walk to the planetarium.

**Deadline for Sign-ups is the Sunday, April 21<sup>st</sup> Family Court of Honor.**

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**PLANETARIUM at CCM**  
LOCATION: County College of Morris – Randolph, NJ  
DATES: Thursday, April 25.

SCOUT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
HOME PHONE: (\_\_\_\_) \_\_\_\_\_ EMERGENCY PHONE: (\_\_\_\_) \_\_\_\_\_

Number attending, including Scouts. \_\_\_\_\_ Please list other attendees on the reverse side.

The above named Scout has my permission to attend this activity. He may participate in **all** activities programmed, except for those noted here:

Does he have any current **medical conditions or allergies** we should be aware of?  YES  NO  
Please describe on the reverse side with any special instructions.

Will he taking any **medications** on the trip?  YES  NO If YES- Please provide a **Troop 50 Medication Information Form** with dosage, when it needs to be administered, etc. (Download from the Troop 50 Website.)

If in the judgment of the Scout leaders in charge, it becomes necessary to send my son to a nearby hospital, physician, or dentist for diagnosis and/or treatment, they have my full permission to do so. Further, should medical treatment be necessary, it may be administered. I will assume full financial responsibility for any medical expenses that are incurred.

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Deadline for Sign-ups is the Sunday, April 21<sup>st</sup> Family Court of Honor.**

Amount Paid: \$ \_\_\_\_\_ How paid: \_\_\_\_\_