

HOLIDAY BACKPACK

APPALACHIAN TRAIL

Swatara Gap (PA Route 72) to PA Route 501

DECEMBER 28 – 29, 2017

Cost per Individual \$ 16.00

7:15 A.M.	Meet Camp Spirit		
7:45 A.M.	Leave Camp Spirit		
9:00 A.M.	Arrive Departure Point - Swatara Gap	0 Miles	
9:15 A.M.	Hike Departure Time		
	Thursday Night Campsite Site		
	William Penn Shelter	7 Miles	4 Miles
9:30 A.M.	Pick-Up Point		
	PA Route 501	4 Miles	11 Miles
10:30 A.M.	Pick-Up Camp Spirit		

This year at the request of several scouts, the holiday hike will be a full blown backpacking hike. A backpack is required for this hike, also extreme weather gear and winter sleeping bags to attend this event. All your equipment and food will have to be carried on this trip. There will be an equipment check at the last meeting before the hike for younger scouts. This event could be possibly switched to Friday & Saturday and/or the route shortened if the weather conditions warrant it. On this trip you have to remember you will be outdoors for the whole hike.

Drivers would be appreciated for Thursday Drop-off and Friday Morning Pick-Up

Patrol Cooking

Saturday – lunch
 dinner
 hot snack
Sunday - breakfast

Money & Permission Slips are Due last meeting before the event.

If you have any questions on this trip call Dave Kutzor at (610) 442-6045.

In accordance with Troop 72 policies, all adults attending troop organized events must take BSA youth protection training prior to attending the event. Once the training is completed, the certificate needs to be printed, turned in with the permission slip and the certificate will be kept on file with the troop. Training is valid for two years from the date of completion.

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December 28-29, 2017

_____ has my permission to attend the event listed above.

During the event I can be reached at (Phone): _____.

If I cannot be reached in the event of an emergency, the following person should be contacted.

Name: _____ Phone: _____

NOTE: It is the parent's responsibility to see that their son takes any necessary medication on troop events. If it is particularly important that the medication schedule not be disrupted, be sure to notify one of the leaders attending of the required dosage and schedule.

Medications and dosage:

Please list any health concerns, allergies to medication, etc. that would be helpful in an emergency:

Please list any food allergies or dietary concerns:

In the event of an emergency, the adult in charge is authorized to act on my behalf.

\$16.00/per person

Adult Youth Protection Training

- | | |
|---|---|
| <input type="checkbox"/> Payment from Scout Account | <input type="checkbox"/> Certificate attached |
| <input type="checkbox"/> Pay by Check | <input type="checkbox"/> Certificate on file |
| <input type="checkbox"/> Pay by Cash | |

Date

Scout's Signature

Date

Parent or Guardian Signature

_____ I will drive for this event and can take _____ scouts along.