

HOLIDAY BACKPACK
APPALACHIAN TRAIL
PA Route 850 to Duncannon
DECEMBER 29 – 30, 2024

Cost per Individual \$ 25.00

6:45 A.M.	Meet Camp Spirit		
7:00 A.M.	Leave Camp Spirit		
8:30 A.M.	Arrive Departure Point – PA route 850		0 Miles
9:00 A.M.	Hike Departure Time		
	Friday Night Campsite Site		
	Cove Mountain Shelter		5.0 Miles
9:30 A.M.	Pick-Up Point		
	Duncannon	3.0 Miles	8.0 Miles
10:45 A.M.	Pick-Up Camp Spirit		

This year the holiday hike will be a backpacking hike. A full-sized 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 is an all-weather event 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. Tentage will required for this hike. We will staying at the Cove Mountain Shelter site Sunday night.

Drivers would be appreciated for Sunday Drop-off and Monday Morning Pick-Up

Troop Cooking or patrol cooking with larger number of people.

Money & Permission Slips are due December 16th.

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

Any adult attending a BSA/Troop 72 overnight event must be a registered BSA Leader.

Holiday Backpacking

December 29-30, 2024

_____ has my permission to attend the Holiday Backpacking event.

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.

If your Scout will be leaving early, please indicate day and time:

Adult who will pick up and take your Scout home after event:

Name: _____ Phone: _____

\$25.00

- Payment from Scout Account
- Pay by Check
- Pay by Cash

Date

Scout's Signature

Date

Parent or Guardian Signature

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