

2025 Appalachian Trail Hike

PA Route 944 to Duncannon

March 28 – March 30

Cost per Individual \$ 20.00

		Day	Total
5:00 pm	Meet Camp Spirit		
5:15 pm	Leave Camp Spirit		
6:30 pm	Arrive Departure Point	0 Miles	
7:00 pm	Hike Departure Time-Appalachian Trail		
	Friday Night Campsite		
	Darlington Shelter	2.0 Miles	2.0 Miles
8:30 am	Hike Appalachian Trail		
	Saturday Night Camp Site		
	Cove Mountain Shelter	7.3 Miles	9.3 Miles
8:30 am	Hike Appalachian Trail		
11:00 am	Duncannon	3.5 Miles	12.8 Miles

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

Patrol Cooking will used

Commitment: Money & Permission Slips are March 24.

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

This an all-weather event. It is a troop event and a preparation hike for the White mountains trip. Tents, food and patrol gear will need to be carried as this would be a full-blown backpacking hike. Rank advancement and merit badge requirements can be fulfilled with this event.

This segment of the Appalachian Trail is on the west side of the Susquehanna River. Starting off at Wertzville Road we climb the Blue Mountain summit to Darlington Shelter and campsite area. Saturday we will climb Cove Mountain with views of the Susquehanna River to the Cove Mountain Shelter. On Sunday we descend the mountain to the trail town of Duncannon. This a unique area the troop has never hiked.

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Payment and Permission Form are due by Monday, March 24

_____ 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 **restrictions**, 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: _____

\$20 cost of event

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

Date

Scout's Signature

Date

Parent or Guardian Signature

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