Scouting Skills Refresher Backpack

APPALACHIAN TRAIL Little Gap to Wind Gap June 7 - 9

Cost per Individual \$ 22.00

FRIDA	Y
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5:30 P.M.	Meet Camp Spirit and pack food		
5:45 P.M.	Leave Camp Spirit		
6:30 P.M.	Arrive Departure Point – Blue Mountain Drive		0 Miles
6:45 P.M.	Hike Departure Time		
	Friday Night - Bootleg Campsite	0.5 Mile	0.5 Miles
SATURDA Destination	Y Leroy Smith Shelter Campsite	10.3 Miles	10.8 Miles
Destination	Letoy Simui Sheller Campsile	10.5 Willes	10.6 WHIES
SUNDAY			
11.00 A.M.	Pick Route 115 /N Broadway Road	4.6 Mile	15.4 Miles
11:30 A.M.	Pick-Up Camp Spirit		

This hike Begins at Little Gap Friday night to a bootleg campsite at the crest of the mountain. We will be tent camping at bootleg & shelter sites. Be warned this is a <u>rocky</u> section of trail. A full-blown backpack and hiking shoes are required for the hike, the troop does have several backpacks that can be borrowed. Everyone should have a backpacking tent or tarp with capability of being a shelter. All our food and equipment will need to be carried on this trip in your backpacks. Drivers would be appreciated for Friday drop-off and Sunday pick-up

Patrol Cooking Friday - snack
Saturday - breakfast
lunch
dinner
hot snack
Sunday - breakfast

Money & Permission Slips are due June 3rd.

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

In accordance with BSA policies, all adults attending Troop 72 organized events must take BSA Youth Protection Training prior to attending the event.

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

Troop 72 Permission Form – Due June 3rd Scouting Skills Refresher Backpack

above event.	has my permission to attend the following the
During the event I can be reach	ned at (Phone):
If I cannot be reached in the ev	ent of an emergency, the following person should be contacted.
Name:	Phone:
	sibility to see that their son takes any necessary medication on troop tant that the medication schedule not be disrupted, be sure to notify one of uired 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, t	he adult in charge is authorized to act on my behalf.
If your Scout will be leaving ear	ly, please indicate day and time:
Adult who will pick up and take	your Scout home after event:
Name:	Phone:
Cost of event: \$22.00	
□ Payment from Scot□ Pay by Check□ Pay by Cash	ut Account
Date	Scout's Signature
Date	Parent or Guardian Signature
□ I am able to drive to the ever	nt. I can take number of scouts including myself

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