

ROSE VALLEY TROOP 272, BSA
Backpacking at Michaux State Forest

Trip Destination: *Michaux State Forest*

Departure: **Friday, November 30th**, 8:00 a.m. at the P.I.T. parking lot

Return: **Sunday, December 1st**, Approximately 1 – 3 p.m. at the P.I.T. parking lot

Cost: *\$15.00*

What To Bring: *Cold weather light weight gear, two water bottles, zero degree bag, long underwear, hat, glove, rain gear, headlamp, mess kit*

Daily Itinerary: November 30th
8:00 [a.m.](#) Departure from PIT
10:30 Arrive
11:30 On the trail – spend night at toms run shelter
Saturday 31st
Hike to birch run shelter
December 1st
Depart to cars
1:00 – 3:00 return to PIT

Destination Information: *pastateforests.org*

Trail Description: *challenging beginning, relatively flat through old growth forest (15 miles)
Ideal for beginning backpackers*

Adult Cost: *\$15.00*

Questions: **Trey Snyder: 267-997-0081**
Dave Snyder: 484-410-1527

Emergencies Dave Snyder: 484-410-1527

PERMISSION SLIP & MONEY ARE DUE ON WEDNESDAY, November 20th

TRIP PLANNING WILL OCCUR ON SUNDAY, November 24th

Rose Valley Troop 272, BSA
Parental Permission
Backpacking at Michaux State Forest

Trip Destination:

Dates:

PARENT'S CONSENT AND AGREEMENT

I hereby grant permission for my son, _____ to participate in the above indicated trip. I agree that if, in the proper judgment of the adult leaders, my son is not acting in accordance with the promise below, that I will be responsible for removing him from the trip.

I hereby grant permission to the adult leaders to provide any medical care to the above mentioned Scout from 11/31/2013 to 12/1/2013 that they deem necessary and proper in the case of an emergency. Also, I understand that I will be contacted at the earliest convenient time.

This document shall also serve as authority for any hospital and/or health care provider to render medical treatment to the above named Scout should treatment be deemed necessary by the medical staff of the facility or the adult leaders on the trip. I/We further agree to be completely responsible for any bills or payments that occur in providing medical care.

Parent's Signature _____

SCOUT'S PROMISE

While on the above-mentioned trip, I promise to behave in a safe and responsible manner and to adhere to the Scout Law and Outdoor Code. I acknowledge that my parent(s) will be called to remove me from the trip if I do not keep this promise.

Scout's Signature _____

PARENT/ GUARDIAN ATTENDANCE

_____ plans on attending and can transport _____ Scouts with their gear
They have read the Troop's Chaperone Policy and will abide by it during the entire trip.

SCOUT INSURANCE INFORMATION *ONLY IF CHANGED*****

Name _____

Medical Insurance Company _____

Policy # _____ Group # _____

Emergency Contact: Name & phone # _____

Name & phone # _____

Please list any medication(s) that the Scout is currently taking and any allergies: