

Boy Scouts of America
Great Smoky Mountain Council
Tuckaleechee District
Troop 81

OUTING TRIPLIST

What: **DAY HIKE! Trip campsite 18 West Prong**

When: **September 28, 2019**

Where: **Campsite 18 GSMNP**

Permission slip and \$ due: **MONDAY September 16th Meeting**

Departure: **Saturday Sept. 28 at 8 am meet at the church parking lot**

Return: **3pm to the church parking lot.**

Cost: you will supply your own food, water and snacks. No cost otherwise.

Sack Lunch: Please bring a sack lunch to eat on trail or camp arrival.

What to pack: **Please bring a day pack with your 10 essentials, sack lunch, snacks and water bottle.**

Mom's Dad's please come! This will be a short hike by our standards. We will need some drivers to coordinate our starting and ending point, if you can drive, please let me know how many seatbelts including the driver will be what I need to know. This hike is our back yard! A good way to stretch your legs on a fall day.

Note: The hike will cover five miles and will count for advancement for younger scouts. Orienting a map will be offered at the trailhead to those who need it.

We will need Drivers let me know who you are.

PARENTAL PERMISSION FOR TROOP OUTING

Scout's Name: _____

The Scout whose name appears above has my/our permission to attend and participate in the Boy Scout activity scheduled for _____

date of scheduled troop outing

Please check at least one box

My son will be driving himself to the outing.

I Plan to attend the outing with my son, and:

I can help transport scouts to/from (please circle) the outing.

I can help transport equipment to/from (please circle) the outing.

My vehicle, _____, can accommodate _____ passengers with seat belts.

I will not be attending the outing, but:

I can help transport scouts to/from (please circle) the outing.

I can help transport equipment to/from (please circle) the outing.

My vehicle, _____, can accommodate _____ passengers with seat belts.

My son needs to leave the outing for the following reason: _____

He must leave camp at _____ AM/PM and return at _____ AM/PM. He will be picked up at camp by the following person(s): _____

I am not attending and I can not help in transportation.

IMPORTANT INFORMATION

Parent's Name: _____

Address: _____

Phone: (home) _____ (work) _____

Emergency contact person (other than parents): _____

Phone: (home) _____ (work) _____

Relationship: _____

no yes Is there any restrictions or limitation for this outing? If so, please indicate: _____

no yes Is your son taking any medication? If so, what type and how often: _____

no yes Are there any special instructions or information pertaining to this activity? If so, please indicate: _____

Signed: _____ Date: _____

signature of parent or legal guardian

