

Troop 64 - Boy Scouts of America

First Baptist Church, Haddonfield, NJ

Parents: Troop 64 is planning Winter Camping at Pine Hill Scout Reservation. Please review this form carefully. This permission slip, signed, and \$20/scout are due on Friday, March 7, 2008.

Start: March 7, 2008 – Meet in Church Parking lot at 6:00 pm (eat dinner beforehand)

End: March 9, 2008 we will return to parking lot by 1:00 pm

Activity: Camping and Rifle Shooting
Rifle session begins at 8:30 AM on Sat. or those not spending the night

Location: Pine Hill Scout Reservation
Watsonstown-New Freedom Road
Berlin, NJ 08009

Phone: Camp Ranger 856-784-4699
Website: <http://www.snjscouting.org/>

Leader(s) Mr. Chris Werner, Mrs. Gail Benson,
Dr. Charles Benson

Cost: \$20/scout

This amount and a signed permission form are due March 7th.

IMPORTANT NOTES:

Weather forecast: **rain Friday and Saturday with near freezing evenings.**

Bring rain gear and change of clothes

Dress for winter weather (dress in layers):
regular and long underwear, shorts, pants,
short sleeve shirts, long sleeve shirts,
sweatshirt or sweater, and wind or rain proof
shell (jacket and pants), gloves and hat

Avoid use of cotton, especially for socks
- use wool or wool blend for socks.

Scouts will have the option of sleeping in a tent or
leanto – **no heated accommodations.**

Cold weather sleeping: cold weather sleeping
bag, bag liner (highly recommended, polar
tech.), bed roll, knit hat and socks (wool)

Other Accessories: hiking shoes, water bottle,
sun screen, first aid kit, personal cleaning kit,
compass.

Boy Scout _____ has my permission to attend the Boy Scout Troop 64 trip:

Winter Camping
Activity

Pine Hill Scout Reservation, Pine Hill, NJ
Camp Name/Location

March 7-9, 2008
Date(s)

I understand the leaders; the sponsoring institution, and the Boy Scouts of America will not be held responsible for acts of negligence committed by my son. In the event that I cannot be reached in a medical emergency, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery and injections of medications for my son.

Health Insurance: _____ I.D.# _____ Tele: _____

Parent/Guardian Telephone for above dates: _____

Parent/Guardian will: Stay with Troop Drive both ways Drive one way – To / Return

Driver: _____ D.L. # _____ State: _____

(All passengers must wear seat belts.)

Insurance coverage _____ / _____ / _____ Vehicle: _____ / _____ / _____
(Liability limits: Individual/Accident/Property) (Make Model Year)

Parent/Guardian Signature: _____ Date: _____