

Troop 84

KITTATINNY WINTER CABIN TRIP

When: Saturday, January 26th to Sunday, January 27th, 2008

Highlights: One of our favorite annual events, the Winter Cabin Trip, will be held at the Kittatinny Scout Reservation in Stokes State Forest, NJ. Activities depend upon the weather, but this location along with the time of the year usually guarantees a lot of snow & frozen lakes. Your choice of activities: sledding, snowshoeing, build a snow fortress, winter hike, outdoor cooking and winter snow stalking. In the evening, we may go sledding again or the patrols can compete in Nighttime Winter Snow Stalking.

Venture Scouts : You have the option to go with the Troop or experience the yearly Snow Trek : Snow shoe with your backpack to a remote outpost and build a snow shelter and sleep in it. (See separate Venture Flyer)

Depart: Saturday 7:00 am from First United Methodist Church.

Return: Approximately 2:00 pm Sunday at the Troop Garage – parents will be called.
Contact: Mrs. Shelley Nolan or Mrs. Lori Quinn.

Camp: Kittatinny Scout Reservation in Stokes State Forest NJ. Ford Lodge Cabin
Phone: (973) 948 4757

Signup: Signup and Permission slips are due Monday, January 14th

Cost: \$14 due with permission slip at signup
Food Cost: \$12 due in cash to patrol on January 14th.

Special Meal Instructions: Bring money for Sunday lunch; we will stop on the way home.

Equipment: See attached list for what to wear and what to bring.

Special Instructions: The weather can be unforgiving. Pay close attention to the equipment list. You must have Waterproof outerwear and your insulated/underclothing cannot be cotton. "COTTON KILLS"

Be Prepared!!

Winter Cabin Trip Equipment List

To be worn on departure:

Sock liners _____ Wool blend outer socks _____
Snow Boots or high, waterproof hiking boots _____
Waterproof insulated gloves _____ Winter Sock Hat _____ Scarf or ski mask _____
Synthetic Insulated long underwear (top & bottom) non-cotton _____
Sweater or Sweatshirt _____ Seasonal Clothing _____
Ski Jacket or warm layered Jacket with rain jacket _____
Ski Pants or nylon rain pants over sweatpants _____
Watch _____

To be packed in your Daypack:

Daypack _____ Filled Water Bottle _____ Pocket Knife _____
Personal First Aid Kit _____ Flashlight _____ Compass _____
Watch _____
Sunday Lunch Money _____ Car Games/Cards (optional) _____ Camera (optional) _____

To be packed in your Back Pack :

Back Pack _____ Sleeping Bag _____ Bag Liner or Blanket _____
Sleeping Pad _____ Ground Cloth _____ Pillow or Case _____
Sneakers for cabin use _____ 3 pairs extra socks _____ Sock Liners _____
Sleepwear _____ Underwear _____ 2 long sleeved shirts _____
Sweat Pants _____ Extra Sweatshirt _____ 1 Tee Shirt _____
Extra Pants _____ Extra pair of gloves _____ Extra Batteries _____
Large Cup _____ Vittle Kit _____ Hanger _____
Clean-up Kit _____

Special Things to Bring (Optional):

Plastic Sled or Toboggan _____

Winter Cabin Trip

Signup and Payment Due January 14th

Scout _____ Will Participate Will Not Participate
Parent is Participating in the Activity Yes No
Parent is available to provide transportation Yes No
If Driving, Number of Seat Belts (including driver) in Vehicle is

Trip Date : Jan 26 Trip Cost : \$14 Scout / \$14 Parent Total Paid : _____ by (Circle One) Cash Check Scout-Account

BOY SCOUTS OF AMERICA
TROOP 84 SOMERVILLE, NJ
WAIVER AND PERMISSION FORM

MY SON _____ HAS PERMISSION TO PARTICIPATE
(FIRST NAME) (LAST NAME)

WITH THE TROOP ACTIVITY KNOWN AS Winter Cabin Trip

WHICH WILL BE HELD AT For Scouts : Kittatinny Scout Reservation in Stokes State Forest NJ

MEDICAL CONDITIONS/RESTRICTIONS: _____

MEDICATIONS: _____

IN THE EVENT THAT YOU FIND IT NECESSARY FOR MY SON TO BE RETURNED HOME DUE TO ILLNESS OR OTHER REASONS, I MAY BE REACHED AT (PHONE) _____

OR AS AN ALTERNATIVE, CONTACT MR. /MRS. _____ AT _____

I hereby authorize the scout leaders to seek emergency care and further authorize the physician(s) to provide emergency treatment to my child for any laceration, fracture, other traumatic injury, any symptom, disease or injury which, in the judgment of attending physician, if untreated may be reasonably expected to increase the risk of harm to my child. This consent to care is to be in effect "only" after reasonable efforts have been made to contact and obtain my specific consent to any emergency treatment.

Parent's name (Print)

Parent's Signature

Date

In the event my son has a minor injury, I give my consent to the adult leader in charge to use his/her best judgment to decide if or when to administer the following over-the-counter medications:
Please check consented medications.

For headaches:	Acetaminophen (Tylenol)	_____
For muscle aches:	Ibuprofen (Advil)	_____
For hay fever, bee stings, poison ivy:	Antihistamine	_____
For upset stomach:	Antacid (Tums)	_____

Parent's Signature

Date

Recorded :