

Troop 84

Venture Scouts

SNO W TREK

When: Saturday, January 23rd to Sunday, January 24th

Highlights: The annual Snow Trek is one of the most memorable Venture Trips you can experience in Troop 84. Challenge yourself and brave the snowy and cold backcountry of NY during the peak of the winter season.

Snowshoe with full gear and towing sleds deep into the backcountry of the Catskills to a wilderness campsite. Survive this sub freezing adventure by building a snow shelter and then sleep in it. Learn winter survival skills and Snow Stalking. Snow sled on Sunday on the way out from our snowy expedition.

Trek Details: The exact destination in the Catskills will not be known until a few days before the trip and will be based on snow cover. Parents will be informed at that time with full trek details. Options Include:

Vernooy Kill Falls – Rochester – Ulster County near Ellenville start on end of Trails Ends Road – Hike 1.2 ascent 200 ft. to falls or start on upper Cherry Town Rd. hike 1.8 ascent 610 ft. to falls

Diamond Notch Falls – Lexington– Greene County near Hunter Mountain start at end of Spruceton Rd. – Diamond Notch Trail to Falls 1 mile ascent 200 ft

Denning Campsite – South of Slide Mountain on end of Denmark Road Hike 1.5 ascent 300 ft. to camp nest to East Branch of Neversink River

Depart: Saturday 6:30 am from First United Methodist Church.

Return: Approximately 2:00 pm Sunday at the Troop Garage – parents will be called.

Signup: Signup and Permission slips are due Monday, January 11th

Cost: \$35 due with permission slip at signup (\$20 if you bring your own snowshoes)

Food Cost: \$14 due in cash to Venture Crew Chief on January 14th.

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

Bad Weather Option : We have to leave our options open in case of bad weather. We may have to opt to camp in lean-tos with the Troop. If we decide to do this, we will notify parents at the departure time. We will bring Trail Tarps and Tents to have just in case there is insufficient snow to build a snow shelter.

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

Be Prepared!!

Venture Snow Trek Backpacking Survival Packing List

*The weather can be unforgiving. Pay close attention to the equipment list. Dress in layers for warmth. You must have Waterproof outerwear and your insulated/underclothing cannot be cotton.
"COTTON KILLS"*

Be Prepared for temperatures in the single digits!!

Dress in layers - use more if you want this is a minimum!

Upper Body ::

(1) synthetic short sleeve under shirt (2) insulated synthetic long sleeve under shirt (3) long sleeve shirt/turtleneck (4) sweatshirt/sweater/polar fleece (5) winter jacket.

Lower Body :: (1) underwear (not cotton), (2) long synthetic under clothes, (3) sweatpants/pants (4) insulated ski pants or waterproof rain pants.

To be worn on departure:

Sock liners ___ Wool blend outer socks ___ Snow boots or high waterproof hiking boots ___

The clothing layers identified above ___ watch ___

To be brought and put on when we arrive in the Catskills:

Winter Sock Hat ___ Scarf or Ski Mask ___ waterproof insulated gloves ___ ski pants or nylon rain pants ___

To be packed in your Daypack (will be left in the car):

Daypack, Sunday Lunch Money, Change of Clothes, Sneakers, Car Games (optional)

To be packed in your Back Pack:

Backpack, ___ Backpack Cover ___ Ground Cloth ___ Sleeping Pad ___ Extra Blanket ___

Sleep Bag Options :

Option 1 : Winter Sleeping bag(4-Season zero Degree) ___ and a fleece sleeping bag liner/blanket ___

Option 2: Two Sleeping bags(3 Season) ___ (one must be able to easily fit in the other)

Extra Sock Liners ___ Extra Wool Blend Outer Socks ___

Extra Insulated Long Underwear Top ___ Extra Insulated Long Underwear Bottom ___

Underwear ___ Pants/Sweat Pants ___ Long Sleeve Shirt ___

Sweater or Hooded Sweat Shirt ___ Extra pair of Gloves ___

First Aid Kit ___ Compass ___ Vittle kit ___ , Clean-up kit ___ Flashlight & Extra batteries ___

Large cup capable of holding hot liquids (important!!) ___ Knife ___

2 Large garbage bags ___ 2-gallon size Ziploc bags ___

Three filled water bottles 32 ounces each ___

Sunglasses (important when hiking in the snow!) ___ Chap stick or equivalent ___

Optional :: Snow Shoes and ski poles _____

Double Check Everything! Make sure you have everything on this list!

BE PREPARED FOR COLD WEATHER

You will be carrying troop gear also, but the hike will be only 1.5 miles in and 1.5 miles out!

Venture Snow Trek

Signup and Payment Due January 11th

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

Body Weight Needed for sizing snow shoes _____ Scout _____ Parent
Scout has own snow shoes ___ Y ___ N Parent has own snow shoes ___ Y ___ N

Trip Cost : \$35 (\$20 if you bring your own snow shoes) 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 Venture Snow Trek

WHICH WILL BE HELD AT The Catskills, NY or Adirondacks, NY

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