

Information for the Troop 1140 trip to Rock Spring cabin in the Shenandoah National Park --
Saturday and Sunday, March 13-14, 2010

The timetable:

- * Meet at Kirkwood parking lot on Saturday, March 13, at 8:00am, leave Kirkwood by 8:15am.
- * Drive to parking lot, hike to Rock Spring Cabin, spend the night.
- * Leave Rock Spring Cabin around noon, Sunday, March 14, hike back to cars.
- * Drive back to Springfield, returning to Kirkwood around 5pm.

Cost: there is a \$10 parking fee per vehicle. There is a \$5 fee for persons age 16 and older. There is also a \$45 cabin rental fee, which we will split 8 ways (\$5.63 per person).

There will be a cooking contest for dinner on Saturday night. Scouts will split into 2 person teams and prepare dinner and breakfast for themselves. They will plan, purchase, and cook all their own food.

This trip is a not-quite-backpacking trip. We will carry our belongings in backpacks, but we will sleep in a cabin instead of tents.

Because the maximum capacity of the cabin is 8 persons, this trip is limited to 8 persons (me, another adult, and 6 scouts). The first 7 persons who email me at j_ide_misc@yahoo.com can participate.

Please contact me if you have any questions.

Jim Ide
j_ide_misc@yahoo.com
Home 703-451-3682
Cell 703-283-3831

Troop 1140 - Permission to Attend Troop Activity

THIS FORM MUST BE TURNED IN NO LATER THAN Wednesday, March 3, 2010

Name of Scout: _____

I give my permission for the above Scout to participate in the Troop activity described below:

Date of Activity: Saturday and Sunday, March 13-14, 2010

Nature of Activity: Campout at Rock Spring Cabin, Shenandoah National Park

Place of Activity: Shenandoah National Park (<http://www.aqua.org>)

I understand the nature of the activity and the inherent risks involved, and consent to supervision of my son by adult trip leaders during this event. I agree to hold harmless the Boy Scouts of America, Kirkwood Presbyterian Church, Troop 1140, trip leaders, and other participants from all damages, losses, injuries and expenses resulting from my son's participation. I am aware of the medical information on file with the Troop for this Scout, and I list below any recent changes to that information (if no changes, write "NONE"):

Changes: _____

Reminder of Serious Allergies or Conditions: _____

My son will be using/carrying the following medications on this trip (if none, write "NONE"):

Medications: _____

In the event of illness or accident in the course of this activity, I request that measures be instituted without delay as judgment of medical personnel may dictate.

Signature of Parent/Guardian: _____ Date: _____

Phone: _____

Emergency Contact: _____

Phone: _____

Email address where trip leader can send info/updates: _____

Can You Help? Check one or more of the following boxes:

I can accompany the Troop on this activity

I can provide transportation for up to _____ persons (not counting me, the driver)

Both Ways To activity From activity

I would rather go another time, when the weather is expected to be much worse

Parent Name: _____ Phone: _____