

Hey Scouts,

I need a confirmation of participants on this trip due to the limited number of participants allowed.

Only 8 spots total.

So far we have:

1. Noah Bauer
2. Gavin Godlewski
3. John Galvin

Friday April 27th thru Sunday April 29th

Location – Highland State Recreation Area, about 20 miles SE of Fenton. Highland, Michigan

New Hiker - Cost is \$50 (includes the award medal)

Repeat Hiker – Cost is \$40 (includes the repeat hiker pin)

This is a high adventure activity and is physically demanding – I will go over the trip details at our next planning meeting.

A special award ceremony will be conducted at the Court of Honor to award the medals and pins.

When you sign up – you are committing to:

- 1) participate in 3 conditioning hikes leading up to the trip – 1 mile, 2 mile and 5 mile
- 2) new hikers will write a 300 word Essay on the life of Chief Pontiac and his people (about a page and a half)
- 3) hike 10 miles on day 1, then 6 miles on day 2 - with backpacks
- 4) all hikers write a 250 word After Hike Report
- 5) draw a map detailing your hike route after the trip

I will PRESENT a SIGN UP SHEET at the January 30 troop meeting. You can EMAIL Mr. Galvin at **(timothy.p.galvin@delphi.com)** in order to sign up too.



Thanks,

Mr. Galvin, T219 SM, 810-360-7154

Troop 219 Chief Pontiac Trail Backpack Hike
Friday April 27 thru April 29, 2012
PERMISSION SLIP & HEALTH FORM

(RETURN-WITH PAYMENT \$50 new hikers, \$40 repeat hikers before February 13th troop MEETING)

REGISTRATION: Adult or Scout's Name _____

Method of Payment: Individual's Account _____ OR

Check Amount and Number _____ OR

Cash _____

_____ (name) has my permission to attend the Troop 219 Chief Pontiac Trail Backpack Hike at the Highland State Recreation Area in Highland, Michigan.

Transportation will be arranged for by the Troop.

Scouts should be dropped off with their equipment Friday, at Fenton Collision at 6:30 P.M.

Pick up your Scout at Fenton Collision 2:00 P.M. on Sunday

In the event of an emergency, and I cannot be reached by telephone or other reasonable means, I hereby give my permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, order injections, surgery and do whatever appears medically necessary for my child.

Medical Insurance Company: _____

Medical Insurance Numbers: _____

Allergies or other medical information: _____

Signature of Parent or Guardian: _____ Date- _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Tel. No: () _____ Alternate Tel. No: () _____

Person to contact in an emergency if parent/guardian cannot be reached:

Name: _____ Relationship to Scout: _____

Telephone Number: () _____ or ALTERNATE NUMBER: () _____