

TROOP 229
SELDEN, NEW YORK

THE TROOP HAS BEEN INVITED TO ATTEND A SKI TRIP AT SHAWNEE MOUNTAIN SKI AREA IN PENNSYLVANIA. THE TRIP WILL BE ON MARCH 10 AND 11, 2007. THERE WILL BE COUNSELORS FOR SKIING MERIT BADGE ON SATURDAY AND A SCOUT SKI & BOARD COMPETITION ON SUNDAY.

THE COST OF THE ENTIRE TRIP IS \$100/\$110. THIS INCLUDES TWO-DAY LIFT TICKETS, SKI/BOARD RENTALS, SUPPER AND BREAKFAST AND AN OVERNIGHT STAY AT THE POCONO ENVIRONMENTAL EDUCATION CENTER IN DINGMANS FERRY. PRICES MAY VARY FOR THOSE NOT RENTING SKIS/SNOWBOARDS. NEW SKIERS/SNOWBOARDERS ARE REQUIRED TO TAKE A \$10 LESSON. PLEASE SEE ATTACHED FORM FOR THE BREAKDOWN OF COSTS. ALSO WE ARE REQUIRED TO SUBMIT PERMISSION SLIPS TO THE ENVIRONMENTAL CENTER PLEASE FILL OUT THEIR FORM WHEN RETURNING DEPOSIT.

WE HAVE MINIMUM SPACE IN A CABIN THAT WILL BE ON A FIRST COME FIRST SERVED BASIS. WE WILL NEED A \$30.00 DEPOSIT BY FEB. 1ST MEETING TO RESERVE YOUR SPACE.

THIS IS OUR FIRST FAMILY EVENT OF THE YEAR SO SCOUT FAMILIES ARE ENCOURAGED TO INVITE FAMILY & FRIENDS AS SPACE PERMITS.

I HEREBY GIVE PERMISSION FOR _____ TO ATTEND THE SKI TRIP TO PENNSYLVANIA ON MARCH 10 AND 11, 2007. I AUTHORIZE ANY MEDICAL TREATMENT THAT MAY BE NECESSARY DURING THIS TIME.

SIGNED _____

HIS HEALTH INSURANCE IS _____

THE I.D. # IS _____

MY PHONE # IS _____

EMERGENCY PHONE # _____

CHECK ONE

{ } I CAN PROVIDE TRANSPORTATION ON SATURDAY ONLY FOR _____ SCOUTS

{ } I CAN STAY OVERNIGHT AND CAN PROVIDE TRANSPORTATION FOR _____ SCOUTS

{ } I AM NOT AVAILABLE THIS WEEKEND, AND HEREBY GIVE _____ PERMISSION TO TRANSPORT _____ TO AND FROM LOCATIONS.

{ } _____ CAN NOT PARTICIPATE IN THIS OUTING.

TROOP 229
SHAWNEE SKI TRIP
MARCH 10 & 11, 2007

If you are planning to attend the ski trip please fill out this form and return it immediately

Name _____

Plan to ski

- 1 Day ()
2 Days ()

Need rental equipment YES / NO

- Skis ()
Snowboard ()

Sizes for rental equipment

- Height _____
Weight _____
Age _____
Shoe size _____
Skier ability
Beginner ()
Intermediate ()
Expert ()

For your information: Full ski trip: lifts, lessons, ski/board rentals, lodging, meals - \$100 Boarding \$110

Breakdowns are as follows:

- One day lift only \$20.00 _____
- Two day lift only \$30.00 _____
- One day lift and ski rental \$30.00 _____
- Two day lift and ski rental \$45.00 _____
- One day lift and board rental \$35.00 _____
- Two day lift and board rental \$55.00 _____
- One day Helmet Rental \$05.00 _____
- Two day Helmet Rental \$08.00 _____
- Ski Patch \$05.00 _____
- Overnight and Breakfast and Supper \$40.00 _____

Lessons (Mandatory for First Timers)

- Ski \$10.00 _____
- Snowboard \$10.00 _____

Total _____

Note:

We do not provide lunches. We strongly recommend bag Lunch for Saturday, and have cash for Sunday Lunch. Transportation may be available for one day trips. Please let us know your plans so we can arrange carpools.

Pocono Environmental Education Center
EMERGENCY PERMISSION FORM

To the parent:

The policy of the school will be to contact the parent or guardian before taking a student to the doctor or a hospital. However, in the case of an emergency, or when the parent or guardian cannot be reached, the following permission form will allow treatment to be secured. In case of an emergency, your child will be transported to Bon Secours Hospital, Port Jervis, N.Y. or Pocono Medical Center, East Stroudsburg, PA.

Child's Name _____ School _____

Child's SSN _____ Parent's Name _____

Home phone _____ Work phone _____

1. I hereby give permission to transport my child for emergency treatment.

Signature Date _____

2. I hereby give my permission for the PEEC Director or her designees to allow hospital personnel and/or a licensed physician to perform emergency treatment.

Signature Date _____

3. Please list illnesses or injuries your child has had in the past month.

4. Please list illnesses or injuries your child has had in the past year.

5. Date of last tetanus shot: _____

6. Allergies: _____

7. Can your child take part in strenuous physical activity? _____

8. Please list any medication(s) your child will require at PEEC.

Medication Amount	Time to be given
_____	_____
_____	_____

I hereby give permission to have the above medications administered.

Signature Date _____

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