

TROOP 229, SELDEN, N.Y.

The Troop will be going skiing/snow-boarding at either Camelback or Catamount Mountain on Saturday, February 11. We will drive from the PZAZ parking lot on the corner of South Coleman Rd. and Middle Country Rd. to the Mountain. The drive should be about 3 hours. At the mountain, we will rent skiing or snow boarding equipment and ski/snowboard for the duration of the day. If you have your own equipment, you are allowed to bring it and can save on the rental fee.

This outing is considered a family outing and is open to all families. If you have never skied or snow boarded before, group lessons will be available. If you haven't skied in a while, you can also attend the group lesson.

The costs are as follows: \$25 (Camelback)/\$34(Catamount) for ski/snow board rentals at, \$38/\$39 for lift tickets. At Camelback a beginner package is available that includes rental/lift ticket/lessons for the lower mountain only for \$58. Catamount charges an extra \$10 for a lesson. For more information, go to <http://www.skicamelback.com/> or <http://www.catamountski.com/> . Food and drink will be available at the lodge (it is not free). You can also bring food and drink with you. **It is strongly recommended that you bring a water bottle or two to prevent dehydration.**

Please complete the form below and return to the Troop by Thursday, February 2nd. We also need to give the Mountain advance notice as to how many people we will bring. Money is due at the mountain.

Mountain Preference: Camelback:_____ Catamount:_____ Either:_____

YES _____ I (adult) hereby give _____ (scout) permission to attend the ski trip on February 11th
NO _____ My son will not be able to attend the ski trip.

Shoe/Boot Size _____ Height _____ Weight _____ Age _____
Ski _____ or Snow Board _____ Own _____ or Rent _____ Need a Lesson (Y/N) _____
Classification (Beginner _____ Intermediate _____ Advanced _____)

DO NOT COMPLETE BOTTOM OF FORM IF YOU OR YOUR SON ARE NOT ATTENDING

I authorize any medical treatment that may be necessary during this outing.

SIGNED _____

HEALTH INSURANCE PROVIDER _____

THE I.D. # IS _____

MY PHONE # IS _____

EMERGENCY PHONE # _____

LIST ANY MEDICATIONS THAT ARE REQUIRED DURING THIS OUTING:

CHECK ONE

- 1. [] I WILL BE ABLE TO SKI/SNOW BOARD AND PROVIDE TRANSPORTATION FOR __SCOUTS.
- 2. [] I WILL NOT SKI/SNOW BOARD, BUT WILL PROVIDE TRANSPORTATION FOR __SCOUTS.
- 3. [] I WILL NOT BE AVAILABLE THIS SATURDAY.

I give permission for _____ to drive my son to/from the hike.

Please fill out and return this form if your son is going or not