

Troop 53 Camping Activity

Daniel Boone Homestead

Friday, March 19th to Sunday, March 21th

Summary:

We're going to be staying in a heated cabin on the site of Daniel Boone homestead. This was the edge of the frontier in 1780. We'll tour the homestead and take part in some colonial living demonstrations. Also on the agenda will be a 5 mile hike at French Creek State park. (for advancement and Philmont warm up).

The DB Homestead is an hour drive North of Kennett Square near Birdsboro.

www.danielboonehomestead.org

400 Daniel Boone Rd

Birdsboro, PA 19508-8735

(610) 582-4900

Skills, Advancement Opportunities, Special Information:

All scouts will all have advancement opportunities. Bring your Boy Scout Handbook.

Departure Date/Time/Place/Uniform:

FRIDAY, March 19th, 2010

Return Date/Time/Place/Uniform:

SUNDAY, March 21th, 2010

Meet at **5:30 PM SHARP** (Depart 6:00 PM) Arrive back at **10:00 AM**

Troop 53 Scout House

Troop 53 Scout House

Class "B" Uniform

Class "B" Uniform

Transportation:

Adult leader cars

\$20 for scouts (includes charter fishing)

Parent/Guardian cars

Free for adults that drive

Cost Per Scout :

Meals Provided (Note: Scouts should eat dinner on Friday prior to departure):

Friday Night Snack

Saturday Breakfast

Sunday Breakfast

Saturday Lunch

Saturday Dinner & Snack

Personal Equipment Notes:

Bring your sleeping bag, pillow, chair, day pack, water bottle and hike boots. Dress warm while we'll be in a cabin at night most of the day we'll be outside.

Parent/Guardian consent is required for this trip. Detach and return by Wednesday, March 10th

Yes, I will attend! My name is: _____

Parent/Guardian Information:

I can attend and drive (circle one) **YES** NO

If YES, I have seats for _____ people, including my son and me.

If NO, you **must** provide an emergency contact number: Home #: _____ Cell #: _____

Please ensure that my son takes the following medications while on this trip: _____

I give consent for the adult leaders of Troop 53 to act on my behalf should emergency medical treatment become necessary for my son while he is in their care on this trip. I understand that the purpose of the treatment is to stabilize my son's medical emergency and may entail such measures as stitches, x-rays, and other emergency procedures administered by trained emergency personnel. I understand that an adult leader will attempt to contact me as soon as possible in the event of an emergency and that I will be involved in all decisions from the time I am reached. Should I be unavailable at the emergency number provided above, I, again, state, and by signing below, give my consent for the adult leaders of Troop 53 to act on my behalf in the provision of emergency care for my son.

Parent/ Guardian Signature: _____ **Date:** _____