

PLACE: Kitsap Memorial State Park, 202 NE Park St., Poulsbo, WA.

DEPART: Meet at Wedgwood Presbyterian Church parking lot at **8:00am Saturday January 20th**. The troop will depart at 8:30am. Rosters, maps, ferry tickets and driving instructions will be provided to the drivers in the parking lot by the trip sponsor.

LEADERS

ADULT: Tracy Honour, Trip Sponsor and 206-898-4856
Bill Montgomery Scoutmaster 206-523-0072

SCOUT: Earl Godfrey SPL (Senior Patrol Leader) 206-257-4474

PROGRAM: This is car camping trip in a Group site with 2 adirondacks. We will do advancement work, have a Dutch oven cooking contest and possibly go on a hike. Expect cold, wet weather, and bring changes of clothing.

ROUTE: Edmonds ferry to Route 104 West. Turn right to stay on 104 towards Port Gamble. Turn left onto WA-3 South for 3 miles. Turn right onto NE Park St. and you are there.

EQUIPMENT: This trip is an overnight car camp. Scouts must be prepared for potential wet weather and cold. Patrols are required to bring sufficient tents, tarps and dining flies, sufficient large water containers, and coordinate cooking gear, stoves and fuel (campfires are permitted in this area). Troop 166 practices Leave No Trace – i.e. leave only footprints, take only pictures – so bring garbage bags, and plan carefully. Bring your 10+ essentials including extra clothing and rain gear for possible conditions, sun protection, map and compass, water bottle, day pack, snacks, waterproof matches and fire starters, a pocketknife, first-aid kit, flashlight and batteries, overnight camping gear including a warm sleeping bag.

FOOD: Bring a sack lunch for Saturday. The patrols are responsible for preparing 2 meals: dinner Saturday and breakfast Sunday. Each patrol will invite an adult to join them. Bring \$8-12 to pay for patrol food, payable to your patrol's grubmaster. Bring extra money for lunch on Sunday.

FEE: \$25.00 CASH (CASH) covers transportation. Bring some extra spending money for lunch on Sunday in case your driver stops on the way back. Scholarships are available. Contact Bill Montgomery at least 5 days prior to the outing.

RETURN: Troop will arrive back at the church between 2 and 3 pm Sunday.
SIGN-UP: Signed permission slips and \$25.00 CASH need to be turned in to Tracy Honour at the JANUARY 8th Troop meeting or arranged alternative time/place.

PERMISSION AND MEDICAL RELEASE FORM:

Scout _____ has my permission to participate in the Kitsap Memorial State Park camping trip sponsored by Boy Scout Troop 166.

EMERGENCY PHONE NUMBER for any unexpected circumstance: _____
This phone contact must be available from departure at parking lot to return.

YES NO I will provide transportation for this trip **BOTH WAYS**. My vehicle has seatbelts for _____ passengers.

YES NO I will provide transportation for this trip **ONE WAY**. My vehicle has seat belts for _____ passengers.

If YES, Youth Protection Training completion Date: _____. Mandatory to drive or accompany Scouts. Valid for two years after completion.

Auto Insurance Company: _____

Policy Number _____

Insurance Coverage: Liability Each Person \$_____ Each Accident \$_____

Property Damage \$ _____

Or initial if you meet or exceed Washington State Minimum Requirements _____

\$25,000 of bodily injury each person, \$50,000 of bodily injury each accident, \$10,000 property damage. –Amounts from WA. DOL 2006

Driver's License Number: _____

Vehicle make Vehicle Model year Owner's Name License plate No. Seat Belts

YES NO I'm available to accompany the Scouts on the outing and stay overnight.

I hereby give permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc., under the direction of the adults listed on this form or the adult leaders listed on the trip bulletin until such time as I may be contacted. This release is effective for the time during which my child is participating in a Troop 166 Boy Scout outing, including traveling to or from activities. I also hereby assume full responsibility for payment of any such treatment.

Parents/Guardians Names: _____

Home Address: _____

Home/Cell Phone: _____

Work Phone: _____

Health Insurance: _____

Policy Number: _____

Signature of Parent or Legal Guardian: _____

Date: _____

Scoutmaster: Bill Montgomery