



CAMP TUCKAHOE CAMPING TRIP

December 4 - 6, 2009

Where: Camp Tuckahoe, Dillsburg (near York), PA, under 2 hours away.

400 Tuckahoe Road
Dillsburg, PA 17019

York Council Phone: (717) 843-0901
www.yaac-bsa.org/tuckahoe-new/index.htm

Date and Time: The dates are from Friday, December 4th, leaving the Pennsbury Township building at 6:30 PM. We are returning at 1:00 PM on Sunday the 6th. If we expect to arrive earlier or later, we will use our cell phone chain to contact parents that morning.

Sign up date: The last available sign up date will be Monday November 30th. We are assigning patrols during that Troop meeting, and doing menu selections.

Transportation: We are looking for adult drivers. If you are driving, please plan on taking other scouts with you. Drivers are reimbursed for fuel only if there is a minimum of five total people in their vehicle.

Scout dress code: Troop 31 always travels in Class A. Once there, please wear warm clothing, including gloves, since our activities will be outdoors.

Activities:

Saturday Morning: Blacksmithing – Mr. Welsh, Bas Welsh and Brad Duerr are giving a hands on demonstration of blacksmithing and metalworking.

Saturday Afternoon: Camp Tuckahoe has one of the best COPE courses in the region (see website). The camp staff will guide participants in the “low” COPE Course and provide unlimited use of the Zip Line.

Inclement Weather Back-up Plan: Don't forget your scout handbook. Scouts Second Class and below will work with older scouts on advancement. Scouts First Class and higher will have the opportunity to participate in Citizenship in the World Merit Badge.

Sleeping Accommodations: INDOOR accommodations. We are staying in the Holly Lodge, which accommodates up to 50 people. If two adults volunteer to sleep in tents outdoors, then Star, Life and Eagle Scouts can sleep in tents if they wish.

Water/Restroom Availability: The camp has running potable water and toilets.

Dinner will NOT be provided Friday night, but there will be a cracker barrel later in the evening after set up. Please have your scout eat before departure.

Equipment/Personal Gear; please refer to the Troop Generic Camping Checklist, there is one posted on our website. Please dress for cold, possibly wet outdoor weather with wool hat and warm gloves.

Costs: The total cost per Scout or Adult is \$45.00.

Adults in charge contact info:

Mr. Smallacombe: (Asst. Scoutmaster) cell: 484-437-5547
email – andy.smallacombe@penske.com

Mr. Welsh: (Committee Member) cell: 610-405-9229, email
mark.d.welsh@gsk.com

Mr. Loundas: (Committee Chair) cell: 484-883-1776, email
loundas@aol.com

Camp Tuckahoe Outing, PERMISSION SLIP

We, the parents/guardians of _____ have read and understand the intended program for the Camp Tuckahoe Outing from Friday December 4th, thru Sunday the 6th, and hereby give our permission for him to participate.

Signature of parent/guardian: _____ Date: _____

I, as parent / guardian, am attending and can drive.

Name: _____

I can take _____ additional scouts and their gear.

Total occupants (including driver) I can accommodate = _____

N.B. Boy Scouts of America requires the following for drivers/vehicles of scout outings and the Troop 31 Committee assumes that anyone volunteering to drive for this trip meets these requirements: Driver is 21 years of age and holds a valid driver's license; the vehicle has a valid registration and current inspection sticker; the vehicle is covered with \$100,000/\$300,000 public liability and \$50,000 property damage insurance; and seat belts are provided for all passengers

Costs:

Scouts \$ 45.00 x _____ persons = \$ _____

Adults \$ 45.00 x _____ persons = \$ _____

TOTAL AMOUNT ENCLOSED = \$ _____

Please make check payable to: **BSA, Troop 31**

Camp Tuckahoe Outing
LIABILITY WAIVER and MEDICAL RELEASE

We, the parents/guardians of _____ give our permission for full participation in the Camp Tuckahoe outing from December 4th thru December 6th, 2009, subject to any limitations noted herein. In the event of illness or accident in the course of this outing, I request that measures be instituted without delay as judgment of personnel dictates.

- Allergy to medicines, food, etc.:
- Any condition requiring special medications or diet:
- Medication being taken regularly:
- Special Instructions:

Signature of parent/guardian:

_____ Date: _____

Witness:

_____ Date: _____

(must be an adult)

In case of an emergency, we can be reached at the following number:

_____ Or: _____

My son is covered by the following insurance plan: _____

Policy Number: _____

This liability waiver and medical release must be turned in at time of sign-up for trip and is only good for the outing noted above.