



BOY SCOUTS OF AMERICA  
TROOP 116  
JESSE LEE MEMORIAL UNITED METHODIST CHURCH  
RIDGEFIELD, CONNECTICUT



**Stratton Mountain, Vermont - Ski Trip**

<b>Date:</b> March 19-21, 2010	<b>Registered Leader(s):</b> Mr. Ward & Mr. Mose
<b>Meeting Place:</b> Jesse Lee Church	<b>Return Place:</b> Jesse Lee Church
<b>Departure Date:</b> Friday, March 19	<b>Return Date:</b> Sunday, March 21
<b>Meeting Time:</b> 3:45 P.M.	<b>Return Time:</b> 6:00 P.M.
<b>Departure Time:</b> 4:00 P.M.	

**TRIP PLAN**

The following is a brief description of the event, destination, activities, transportation, and any other relevant information. Detach at the dotted line and retain the Trip Plan portion for your reference. Return the Permission Slip portion to the Registered Scout Leader responsible. Please refer to other hand-outs and trip information for additional details.

**Cost:** \$30 for meals and lodging; additional \$10 for snacks and supper on the way home.  
\$115 for lift tickets (two days, ages 13-17 or \$144 for adults)  
\$45 for Stratton Mountain ski lessons, 45 minutes, for intermediate skiers/borders

**Meals:** Bring Friday night dinner; it's a 3 ½ hour car ride!

**Gear:** Skis & Poles; Boards; Helmet; see Trip Information Flier for additional details.  
*Please Note: Helmets are required for all Scouts and Adults.*

**Accommodations:** We are the guests of Mr. & Mrs. Ward and Mr. & Mrs. Mose at their lodges at Stratton Mountain.

**For More Info:** Mr. Ward, 203 431 4032 or ridgefieldtroop116@yahoo.com



**PERMISSION SLIP**

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety of my son(s) in this activity, I hereby agree to his/their participation and waive all claims against the leaders of this trip and officers, agents, and representatives of the Boy Scouts of America or Troop 116.

I have read and understand the above Trip Plan for the Ski Trip to Stratton Mountain, Vermont on March 19-21, 2010. In case of accident or medical emergency, I grant permission for the Registered Scout Leaders to seek emergency care for my son(s) \_\_\_\_\_.

Any prescriptions, medical conditions, or special instructions? (Circle one and explain)      YES      NO

Will your son(s) be arriving late or leaving early? (Circle one and explain)      YES      NO

If the answer to either one of the above questions is yes, please provide details on the lower back of the Permission Slip. All prescription medications must be reviewed and held by a Registered Troop Leader before departing.

Parent or Guardian Signature	(      ) Home Phone
Parent or Guardian Name (Please Print)	(      ) Other or Cell Phone
Emergency Contact Name (Please Print)	(      ) Emergency Phone