

U.S. Space & Rocket Center

October 9-11, 2021

for all registered Troop 629 members



Join us for two nights camping at Monte Sano State Park with a day in the U.S. Space & Rocket Center!



Depart: Saturday October 9th at 9:30am

Departing Mt. Pisgah South Campus parking lot;

Please arrive in Class-A "tan uniform" shirt with Class-B t-shirt underneath!

Return: Monday October 11th around noon

Cost: \$85 to cover meals, camping fees, transportation & U.S. Space & Rocket Center.



See attached packing list!

**Registration/Permission due by
September 20th Troop Meeting**



For more details contact PL, then SPL

Mr. Jung at (678) 200-9328 or jungchangwook@gmail.com

PACKING LIST

- Pack with straps (or duffel bag)
- Sleeping bag (or blankets)
- Sleeping pad (blow-up, foam, etc.)
- Tent (or know who you are sharing with)
- Ground cloth (or plastic sheeting)
- Eating utensils (knife, fork, spoon, cup, bowl, & plate)
 - * Must bring! These are not Troop provided
- Toilet articles (soap, toothpaste/brush, comb, towel, etc.)
- Headlamp or Flashlight with fresh batteries
- Extra change of clothes (3pr-socks, shirts, trousers or shorts)
- Wet weather gear (rain jacket or poncho)
- Windbreaker (or plan to use rain jacket if it gets chilly)
- Colder weather gear, if needed (such as a sweatshirt, heavier jacket, gloves, knit hat / toboggan, etc.) – check the weather!
- Full Scout Uniform and Troop red activity T-shirt
 - * Should be wearing both of these on arrival!!!
- Shoes comfortable for hiking/walking
- Scout handbook, pencils and paper
- Water bottle, canteen, or Nalgene filled with water
- Sunglasses, insect repellent and suntan lotion
- Camp Chair (limited seating at campsite)

TROOP 629, BSA PERMISSION FOR ACTIVITY

TROOP 629, BOY SCOUTS OF AMERICA IS PLANNING AN ACTIVITY AND NEEDS A PARENT WRITTEN PERMISSION FOR THEIR SCOUT TO ATTEND. PLEASE FILL OUT THIS FORM AND RETURN WITH PAYMENT FOR ACTIVITY.

My son _____ has my permission to participate in (fill in activity) [U.S. Space & Rocket Center](#). He is in good physical condition and has not had any serious illness or operation since his last health (physical) exam, except as noted below:

Special conditions to monitor _____ and medications _____.

During this activity, I may be reached by: phone _____ e-mail _____, or cell phone _____.

If I cannot be reached in the event of an emergency, the adult Scout Leader in charge is authorized to act on my behalf to hospitalize, secure proper anesthesia, or to order any injection(s) for my son.

In order to expedite, in the event of any unforeseen emergency the Troop must have the following information (to be kept confidential),

MEDICAL INSURANCE PROVIDER: _____

POLICY OR GROUP NUMBER: _____

DOCTOR NAME: _____ AND PHONE NUMBER: _____

_____. WILL PICK UP MY SON FOLLOWING ACTIVITY.

My son also has my permission to be transported to and from this activity by car, van or Mount Pisgah Church vans. I understand the driver of the vehicle will be licensed, insured, and will do all driving in accordance to the law, and will abide by the Boy Scouts of America transportation rules and regulations. My son knows the importance of a safe trip and therefore he will wear a seatbelt, sit still at all times, listen to the driver, and refrain from any unruly behavior, loud noise, unsafe objects (laser pointers, throwing objects, opening his scout knife, etc.). I also understand that my son might be eating a bag supper in the vehicle and that he will be responsible for the contents in the bag, before, during and after the trip. I understand that sometimes trips may be delayed either in departing or arriving, and I will help in any way we can to assure a positive attitude in sons and ourselves. In turn, I can expect to be informed via phone tree or car phone from our son's vehicle of any major delays or emergencies. The Scout Oath and Law are our way of life. Every Scout's behavior while on our activity is expected to reflect the Oath and Law in all ways.

Scout signature: _____ Date: _____

My parent _____ can drive ___ passengers and plans to stay Y___ N___

Parent or guardian signature: _____ Date: _____