

**Troop 160 Ski Trip  
Gunstock – February 10, 2007**

**FILL OUT A SEPARATE FORM FOR EACH PERSON ATTENDING  
ALL FORMS and PAYMENT DUE by Thursday, 2/01/07**

- 6:45 am** Be prompt! Roll call & cars leave St. Brigid's parking lot.  
Everyone must check in before departure.
- 8:45 am** Arrive at Gunstock  
Group should assemble at ticket kiosk.  
Wait for adult leader to issue tickets.  
Those renting equipment will go as a group to the rental area.  
All equipment will be pre-set and together for our group.
- 9:50 am** If you are taking a lesson, meet at Ski School location
- LUNCH** Everyone is on their own. There is a cafeteria on the 2<sup>nd</sup> floor of  
the main lodge, or you can bring a lunch. Cafeterias in other  
lodges also.
- 1:00 pm** Interested scouts should meet by the ticket kiosk to go over the  
Snow Sports Merit badge
- 3:30 pm** Those renting equipment should start checking it in.
- 4:00 pm** **Everyone should be ready to leave with their equipment,  
belongings, and a snack.**  
Roll call at ticket kiosk, walk to cars, leave Gunstock.
- 6:00 pm** **Arrive back at St. Brigid's parking lot. (approximate due to  
weather and traffic conditions)**

**Contact Cindy Silva for information, forms & payment: 781-862-1730  
See attached Price List for Lift and Package Rates  
Make checks payable to Troop 160**

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**NAME**\_\_\_\_\_ **Telephone**\_\_\_\_\_ **Email**\_\_\_\_\_

\_\_\_\_\_ **I will need transportation**    \_\_\_\_\_ **I have my own transportation**

\_\_\_\_\_ **I can drive and my vehicle data** \_\_\_ **is** \_\_\_\_\_ **is not on file.**

\_\_\_\_\_ **I can accommodate** \_\_\_\_\_ **additional passengers or** \_\_\_\_\_ **equipment**

\_\_\_\_\_ **I will be renting equipment or taking a lesson**

**Permission Slip for Gunstock Ski Trip**

\_\_\_\_\_ has my permission to participate in the Troop 160  
Name of Scout

Ski Trip to Gunstock Mountain Guilford, NH. described above and on the troop Web site. As with most such events, there may be significant time spent outdoors with significant physical exertion.

Please list any allergies below:

Please list any medications, including epi pens, which your son might take or use during the event:

In the event that my son is injured and I cannot be reached, I grant permission for him to be appropriately treated.

During the event, I can be reached at (please list all phone numbers):

\_\_\_\_\_  
Signature of parent or guardian