

Adirondack Scout Camps Long Term Pack & Paddle Form

Due at Council Service Center by April 1st
Use for Treks of three or more nights

Unit #: _____ Date: _____ Camp: _____

Number of Scouts _____ Number of Leaders _____

Attending	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6

Type of Trip: Hiking Canoeing Combination

Trek number you want to take _____

If you want to take a trek not on the list please call the ASC Director at 315-463-0201 or fax your request to 315-463-5729

(Minimum of two leaders – One must be at least 21 and the other can be 18. See Leaders manual for more information). Camper to leader ratio must be 5:1 – No exceptions. Designated trek leader must be at least 21 years old

Requested Departure and Return Times: (Remember to be flexible)

Departure: Day: _____ Date: _____ Time _____

Return: Day: _____ Date: _____ Time _____

Meals on trail (Check those meals that you will be out of camp for)

Day of week	Date	Breakfast	Lunch	Dinner
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Fill out other side

List names of persons on trek with following or equivalent qualifications:

CPR for the Professional Rescuer _____

First Aid Responding to Emergencies _____

BSA Lifeguard (Over 17) _____

Provide a detailed itinerary of your trip including each days route and approximate location of your evening campsite.

What Equipment will you need from us:

**We are governed by the New York State Health Department.
No exceptions will be made on any qualifications or certifications.**

Name of person filling this out: _____ Phone _____

Address: _____

City: _____ State _____ Zip _____

Mail to:

Longhouse Council
Sabattis Scout Reservation Director
2803 Brewerton Road
Syracuse, NY 13211

Or fax to:

1-315-463-5729

If you have any questions please call the ASC Director at 315-463 - 0201