

HIKING PERMIT

Troop# _____ Date Submitted _____

Campsite _____ Adult on Hike _____

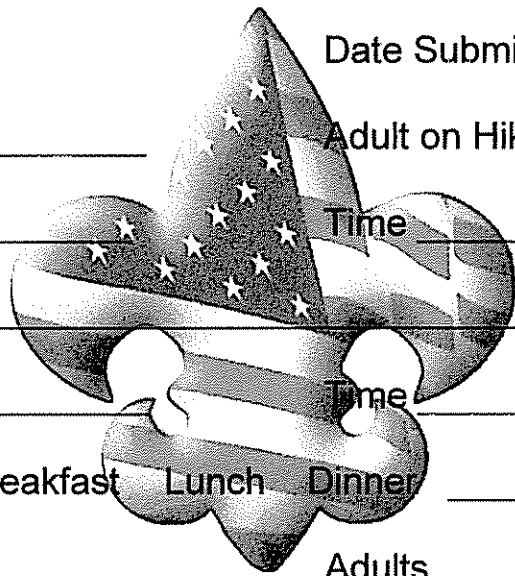
Date of Hike _____ Time _____ A.M. or P.M.

Destination _____

Date of Return _____ Time _____ A.M. or P.M.

Commissary Needs: Breakfast Lunch Dinner _____

Number of Scouts _____ Adults _____



MUST BE FILED with Camp Commissioner or Program Director Prior to Departure.

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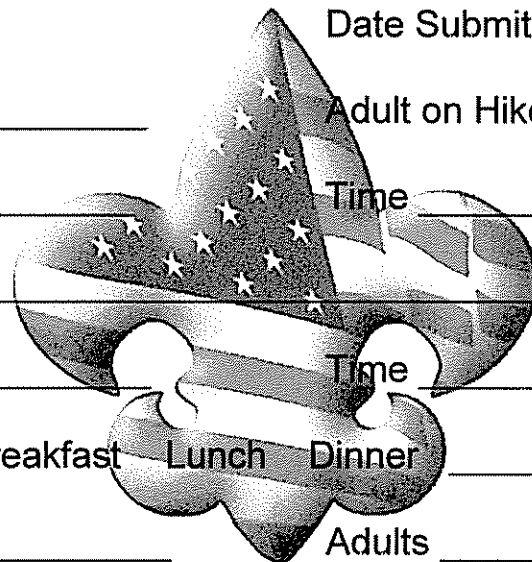
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