



**TROOP 50
RANDOLPH, NJ
PATRIOTS' PATH COUNCIL**



EVENT: **NEW YORK CITY HOLIDAY HIKE – Dec 27th**
 LOCATION: New York City , The Big Apple, the City that never sleeps, etc.
 LEAVING FROM: VFW: Thursday, Dec 27, 2024 at 7:45am.
 RETURNING TO: VFW: approx. 9 pm. We'll call. (Please don't come until we call.)
 COST: \$60.00 Includes- a main event (TBD), subway and car transportation and parking.
 Please bring money for lunch (bag lunch?), dinner, & more for shopping - approx \$25.00
 TRIP LEADER: Mr. Lareau- 973-479-6865

- REMARKS:
- This year we will be driving into NYC and visiting: Times Square, Nintendo World, Rockefeller Center tree, Lego Store, Windows of stores on 5th ave., Staten Island Ferry ride, and more!! Any questions **or other ideas** contact Mr. Lareau.
 - Wear **full uniform without neckerchiefs.**, warm jacket, hat and gloves, and comfortable shoes. Raingear if needed.
- Adults** will be needed to drive into NYC, park at Port Authority, and hike with us.

NOTE>>>

PERMISSION SLIP and MONEY (\$60.00) ARE DUE NO LATER THAN Dec 12th Troop Meeting
Tear off and keep top portion for reference.



NEW YORK CITY HOLIDAY HIKE

New York City
December 27, 2024

SCOUT'S NAME: _____ AGE: _____

ADDRESS: _____

HOME PHONE: (____) _____ EMERGENCY PHONE: (____) _____

Number of Adults Coming: _____ Can You Drive? _____ Total number of Seat Belts: _____
 (List names of adults on reverse side.)

The above named Scout has my permission to attend this activity. He may participate in **all** activities programmed, except for those noted here:

Does he have any current **medical conditions or allergies** we should be aware of? YES NO
 Please describe on the reverse side with any special instructions.

Will he taking any **medications** on the trip? YES NO If YES- Please provide a **Troop 50 Medication Information Form** with dosage, when it needs to be administered, etc. (Download from the Troop 50 Website.)

If in the judgment of the Scout leaders in charge, it becomes necessary to send my son to a nearby hospital, physician, or dentist for diagnosis and/or treatment, they have my full permission to do so. Further, should medical treatment be necessary, it may be administered. I will assume full financial responsibility for any medical expenses that are incurred.

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

PERMISSION SLIP and MONEY (\$60.00) ARE DUE NO LATER THAN Dec 12th Troop Meeting

Amt. Paid:\$ _____ How Paid: _____