



**Knox Trail Council Contingent
PHILMONT High Adventure Expedition**

July 30-August 13, 2011

Application

Instructions:

1. Return this application to Knox Trail Council, 490 Union Avenue, Framingham MA 01702, Attn: Philmont 2011
2. Include deposit of \$200
3. Give the Scoutmaster/ Crew Advisor Recommendation to your Scoutmaster or Crew Advisor and request that it be returned directly to Knox Trail Council

Name: _____

Street Address _____

City/Town _____ State _____ Zip _____

Phone _____

Email _____

Date of birth _____ (youth must be born before 8/01/1997 & adults before 8/01/90)

Troop/Crew Number _____ Town _____

Years in Scouting: _____

Scout Rank _____

Troop Leadership _____

Summer camps attended _____

Prior backpacking experience _____

Other BSA High Adventures & Jamborees _____

I certify that I now have, or will have by August 1, 2011, attained the qualifications as listed in this application and required by all Boy Scout and Venture participants. I will make every effort to attend all training events. I further agree to submit evidence of fitness to make this trip on the official Philmont health form signed by a licensed health-care practitioner; also that I will obtain immunizations required.

On behalf of my child and myself, I (we) hereby approve and agree to all the terms and conditions of this application and certify that the applicant can meet the health and physical requirements for Philmont and will be examined by a licensed health-care practitioner.

Scout/Venturer signature _____

Parent/Guardian(s) signature _____

Date _____



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Scoutmaster/ Crew Advisor Recommendation

Scout/Venturer; _____

Dear Scoutmaster or Crew Advisor:

The above Scout or Venturer has applied for the Knox Trail High Adventure Trip to Philmont Scout Ranch. It will be two weeks of rugged backpacking in the Sangre de Cristo Mountains of New Mexico. It requires all participants to be physically fit and able to work with a crew of other Scouts.

We request your evaluation of this individual.

Maturity Level _____

How active is this individual in your troop or crew? _____

Ability to get along with others _____

Ability to work with a team _____

Is this individual physically fit for this trek? _____

Other comments _____

I do/do not recommend this individual for this trek. _____

Scoutmaster or Crew Advisor _____

Date _____

Phone number _____

Please mail directly to Knox Trail Council, 490 Union Avenue, Framingham MA 01702, Attn: Philmont 2011

If you wish to discuss this applicant with the Council's High Adventure Committee, please contact Pete Lane at Pete.Lane@Comcast.net or (774) 249-9649.