

# Fall 2009 Adult Basic Backpacking Course

- Do you fear some of the scouts are more skilled than you in Backpacking?
- Do wish you had more skills and experience in backpacking?
- Do you have the skills but wonder how to teach the scouts?
- Are you planning on going to Philmont in 2010 with the council contingency?
- Would you like to learn backpacking skills you could teach the troop?
- Would you like to have some FUN?



If you answered yes to any of the above questions, then you should attend the Adult Basic Backpacking Course this fall 2009.

The course is designed for the adult Scouter with little or no backpacking experience. We teach all the subjects you need to get yourself and your troop/crew started in backpacking. This is an enjoyable course and is open to all BSA registered adults. Invite several others from your troop/crew to take the course together and increase the fun. The training and printed material you receive will be invaluable in helping you and your troop/crew get started on the trail to adventure. You will need a class 1 medical form to participate in the course session at Quail Hill Scout Reservation. You will need a class 3 medical form to participate in the October backpacking trip.

**The Course Dates are:**

- Thursday, September 17, 2009, 7 - 10 pm @ Quail Hill Scout Reservation
- Thursday, September 24, 2009, 7 - 10 pm @ Quail Hill Scout Reservation
- Saturday & Sunday, October 2 & 4 @ Quail Hill Scout Reservation
- The course concludes with a backpacking trip on November 7th & 8th. (This trip is optional)



**COST:** The cost of the course is \$50.00 per participant, which includes all the course materials, snacks and food for the October weekend. This does not include the cost of the November backpacking trip.

For additional information, contact the Course Director, Jim Brown @732-308-2998 or 732-780-5472 in the evening, or [jbrown245@verizon.net](mailto:jbrown245@verizon.net)



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Send this part to MCBSA Svc Ctr 705 Ginesi Dr.,Morganville,NJ 07755 with your \$50.00

Name: \_\_\_\_\_ Position \_\_\_\_\_ Unit \_\_\_\_\_ Council \_\_\_\_\_

Address: \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

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Council Use: Cash Pd \_\_\_\_\_ Check # \_\_\_\_\_ Acct Debit # \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Participant # \_\_\_\_\_ remarks \_\_\_\_\_