



GW/Jeff TrailCrew 2009

hosted by Shenandoah Lodge 258

When?

March 13-15, 2009

Registration begins at 5PM, event ends approximately 10am Sunday

Where?

We will be camping near the Gathright Dam at Lake Moomaw near Covington, VA.

Why?

There was some work still to be done after ArrowCorps5 in 2008. Shenandoah Lodge wants to help complete the trail work.

How should I pack?

Each Arrowman should plan on providing their own tent and sleeping bag. Pack as you would for a regular camping trip. The campsite has the water turned off for the winter, but we will have ready access to water at the nearby dam site. There is a pit latrine at the campsite. Food for the weekend is included in the cost.

What additional tools should I bring?

Each Arrowman need to bring work boots, leather gloves, long sleeve shirt and pants (for working) and water bottles. We recommend you bring a day pack as we will be eating lunch Saturday along the trail. The tool of choice is reported to be the *mattocks*, so if you have one to bring along, please do so! The required bump hats and eye protection will be provided.

What is our goal?

The goal of the weekend's work is to complete a 1/2 mile section of trail for the US Forest Service. The trail has been roughed in, but the finishing work is what we will be completing.

What about earning my Brotherhood?

Don't worry. Arrowmen from Shenandoah Lodge still are encouraged to earn their Brotherhood during this Lodge event. If you have been an Ordeal member for at least 10 months, you are eligible to seal your membership in the Order of the Arrow by attaining Brotherhood. Be sure to sign up! See you there!

How much does it cost?

The fee for the weekend is \$20 for members and \$30 for Ordeal members attaining Brotherhood. You can sign up using the registration form enclosed or download from the Lodge website the 2009 Master Event Registration form. Each participant needs to complete the attached health history form. All participants will receive a patch.

What if I have questions?

Contact Youth Chairman Zach Hunsberger at 804-513-9755 <zahunsberger@radford.edu> or his Adviser Alex Wiatt 757-812-1122 <awiatt@picusnet.com>.

What if I am not from Shenandoah Lodge?

No problem. Shenandoah Lodge is inviting Arrowmen from other Lodges to attend and work on completing this worthwhile project. We hope Arrowmen from other Lodges in SR-7A will attend. Just complete the registration form, health history form, and submit your registration fee to the Stonewall Jackson Area Council Service Center, Attn: GW/Jeff TrailCrew 2009, PO Box 813, Waynesboro, VA 22980.

Directions to GW/Jeff TrailCrew 2009 - Shenandoah Lodge



U. S. Corps of Engineers
Gathright Dam/Lake Moomaw
100 Gathright Ln
Covington, VA 24426
540/962-1138

- Take Interstate 64 W to Exit 16A (Covington)
- Take Route 220 N for 5.2 miles
- Turn left onto Route 687 (Jackson River Rd) for 3.2 miles
- Turn left onto SR 641 (Indian Draft Rd), note this bears right to SR 666 (E Morris Hill Rd) for 4.2 miles
- At 3 way intersection, turn right onto SR 605 (Coles Mtn Rd)
- Continue 2.5 miles to the Visitor Center for Gathright Dam.

Look for signs pointing to you the "Gathright Dam" or "Dam Site"



Shenandoah Lodge 258

Order of the Arrow • Boy Scouts of America
serving the Stonewall Jackson Area Council
PO Box 813
Waynesboro, VA 22980

NON-PROFIT ORG.
U.S. POSTAGE PAID
Permit #56
Waynesboro, VA 22980



GW/Jeff TrailCrew 2009

Covington, VA

Shenandoah Lodge 258

Friday, March 15, 2009 - Sunday, March 17, 2009



Next to the camping area at Gathright Dam, Shenandoah Lodge Chief Pete Echols and GW/Jeff TrailCrew Chairman Zach Hunsberger check out the site



Looking toward Gathright Dam, Arrowmen will be able to set up tents on and near these improved areas at the group camping area near the Gathright Dam Visitor Center

GW/Jeff Trail Crew 2009 - Shenandoah Lodge

Name: _____ DOB: _____

Address: _____ Unit: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Lodge Name (if other than Shenandoah Lodge): _____

Enclosed is my \$20 registration fee for GW/Jeff TrailCrew 2009 _____

Enclosed is \$30 fee for GW/Jeff TrailCrew 2009 and my fee for Brotherhood (Shenandoah Lodge only) _____

Make checks payable to "BSA-OA" and return to:

Stonewall Jackson Area Council • PO Box 813 • Waynesboro, VA 22980

Class 1 Personal Health & Medical History

To be filled out **annually** by parent, guardian, or adult participant. Please print in ink.

Identification:

Name _____ Date of Birth _____ Age _____ Sex _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____ Zip _____

If person named above is not available in the event of an emergency, notify

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

Check all that apply, past or present, to your health history. Explain any "Yes" answers.

Allergies: Food, medicines, insects, plants Yes No Explain: _____

General Information:	Yes	No		Yes	No		Yes	No
ADHD (Attention-Deficit Hyperactivity Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

Explain: _____

Please list ALL medications taken in the 30 days prior to arrival at the Scouting activity where this form is to be used:

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

Immunizations: (Give date of last inoculation)

Tetanus toxoid _____ Measles _____ Polio _____

Diphtheria _____ Mumps _____

Pertussis _____ Rubella _____

I give permission for full participation in BSA programs, subject to limitations noted herein.

In case of emergency, I understand that every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date _____ Signature of parent/guardian or adult _____