PHILMONT 2011
Otschodela Council Inc.
2011 Adult Trail Leader Application

Name: _____ Gender: _____

Home Address: _____ Phone Number: _____

City, State: _____ Zip: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Scouting Experience: _____

_____

Scouting Position: _____ Tenure: _____

Camping Experience: _____

_____

Any Other Hiking Experience: _____

_____

Will a month planning meeting be a problem?	Yes	No
Will two or three shakedown hikes be a problem?	Yes	No
Will setting up and planning an itinerary be a problem?	Yes	No
Will one presentation at summer camp be a problem?	Yes	No

Application Signature: _____ Date: _____

Council Review: _____ Date: _____

All completed applications must be returned to: Otschodela Council
PO Box 1356
Oneonta, NY 13820