Castro Valley Troop 726

Mount St. Helena Rim Rover Hike and Campout

What: Hiking over 10 miles to the 4343-ft summit of Mount St. Helena is nothing short of spectacular and very well worthwhile. After hours of hiking past luxuriant vegetation and rock outcrops, you find yourself one step away from the top and are rewarded with the magnificent view of Napa Valley, Lake Berryessa, Mount Tamalpais, and more! This peak in the Mayacamas Mountains is composed of 2.4 million year old volcanic rocks from the Clear Lake Volcanic Field. While hiking this Rim Rover, we will search for a plane crash site as well. Please bring a bag lunch with you.

| Mountains is compo | sed of 2.4 million year | old volcanic rocks from the Cle | ear Lake Volcanic Field |
|---|--------------------------|-----------------------------------|-------------------------|
| While hiking this Rir | n Rover, we will search | h for a plane crash site as well. | Please bring a bag |
| lunch with you. | | | |
| When: Meeting Location and Time: April 27, 2019 at Masonic Center | | | 8:00 AM |
| Ending Locat | tion and Time: April 28 | 3, 2019 at Masonic Center | 12:00 PM |
| Where: Camp at Bo | the-Napa Valley State | Park, Hike at Mount St. Helena | a |
| Cost: \$23 | | | |
| Uniform: Class A for | r the drive, Class B for | camp and hike | |
| What to Bring: Sco | ut Handbook for those | below First Class, Mess Kit, Da | ay Pack with Ten |
| Essentials, Camp Du | ıffel, Hiking Boots | | |
| Adults-in-charge: | Mr. Gallagher | dhgallagher@comcast.com | (925) 698-1514 |
| | Mr. Smith | paulanie@jps.net | (510) 931-3127 |
| Scout-in-charge: | Jack (Yang-Jie) Qin | yangjieqin1028@gmail.com | (510) 925-6856 |
| Please sign and return be | elow: | | |
| My scout, | | , has my permission to | attend the Mount St. |
| Helena Hike and Ca | mpout on April 27 - 28 | 3. In cases where emergency m | nedical treatment is |
| necessary, I hereby a | authorize the scout lea | der in charge, or his assistant, | or agent, to consent to |
| such emergency me | dical treatment for my | son. | |
| | | | |
| Insurance | Policy_ | | |
| Parent | Phone | | |
| Parent Signature | | - | |
| Alternate | Phone | | |