



**BOY SCOUT TROOP 50  
RANDOLPH, NJ  
PATRIOTS' PATH COUNCIL**



**EVENT: OTTER LAKE LAZYMAN CAMPOUT- A Troop 50 Tradition!!**

LOCATION: Otter Lake Campground, Marshalls Creek, PA  
 LEAVING FROM: VFW, Friday, November 19, 2021 5:00 PM.  
 RETURNING TO: VFW, Sunday, November 21, 2021 approx. 1:00 PM (We'll Call!!)  
 COST: \$ 45.00  
 TRIP LEADER: Mr. Borinski (973-713-3280)

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| REMARKS | <ul style="list-style-type: none"> <li>• This will be our annual "lazy" campout at a commercial campground in the Poconos.</li> <li>• The campground has an INDOOR POOL with hot tub (bring quarters), tennis courts, fishing lake, racquetball courts, game room, store with snacks, and a playground.</li> <li>• Lots of time for <b>ADVANCEMENT TESTING</b>. Come prepared!!</li> <li>• All cooking and cleanup will be done by the adults. Scouts just have to set up their tents and play. Bring Game systems and TV's. (You're responsible for them!!) We may be able to set up games in the Rec Room where we cook and eat.</li> <li>• Some years, this has been the coldest and wettest campout of the year. It may snow!! Be sure to bring adequate warm clothes, boots, gloves, and <b>always bring Raingear!</b></li> <li>• Also bring: Swimsuit, towel, racquets, footballs, Frisbees, <b>SPENDING MONEY</b>, raingear, and warm clothes (hats, gloves). Bring a <b>bag dinner</b> for Friday night. You can use your own tents, if you wish, or Troop tents.</li> <li>• The Pack 50 Arrow of Light Cub Scouts will be joining us for the day.</li> <li>• We will be hiking to Marshall's Falls. <u>All Scouts will join us on the hike.</u></li> </ul> |
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**DEADLINE FOR SIGN-UPS AND PAYMENT (\$45) IS THE THURSDAY, OCTOBER 28 Troop Meeting.**

*Tear off and keep top portion for reference.*

**OTTER LAKE LAZYMAN CAMPOUT**

LOCATION: Marshalls Creek, PA  
 DATES: November 19-21, 2021

SCOUT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 HOME PHONE: (\_\_\_\_) \_\_\_\_\_ EMERGENCY PHONE: (\_\_\_\_) \_\_\_\_\_

The above named Scout has my permission to attend this activity. He may participate in **all** activities programmed, except for those noted here:

Does he have any current **medical conditions or allergies** we should be aware of?  
 Please describe on the reverse side with any special instructions. YES NO

Will he taking any **medications** on the trip? YES NO If YES- Please provide a **Troop 50 Medication Information Form** with dosage, when it needs to be administered, etc. (Download from the Troop 50 Website.)

If in the judgment of the Scout leaders in charge, it becomes necessary to send my son to a nearby hospital, physician, or dentist for diagnosis and/or treatment, they have my full permission to do so. Further, should medical treatment be necessary, it may be administered. I will assume full financial responsibility for any medical expenses that are incurred.

Amt. Paid: \$ \_\_\_\_\_ How Paid: \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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