



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



**EVENT:** CAMP WINNEBAGO / SPLIT ROCK RESERVOIR MINI CANOE TREK  
**MEET/PICKUP:** Camp Winnebago Parking Lot. 102 Timberbrook Rd, Rockaway, NJ 07866  
**WHEN:** Saturday, September 19, 2020. 8:30 AM – 5:00 PM (We'll call when we are back and loading the canoes. If you leave home then, we'll meet you in the parking lot. **DON'T come until we call.**)  
**COST:** \$5. (Camp fee.) Bring it with you.  
**TRIP LEADER:** Mr. Lareau (cell:973-479-6865)

- NOTES:**
- Since we can't camp and do a real canoe trek, we'll be doing a day trek.
  - We'll meet in the Camp Winnebago Parking Lot, hike through the camp to Searing Point, paddle Durham Pond to a take-out point, portage the canoes overland to Split Rock Reservoir, paddle around the reservoir, eat lunch, paddle back, portage to Durham Pond and take the canoes out. Then we'll hike to the parking lot meet your parents and go home.
  - Inexperienced paddlers will be paired with experienced ones. A great paddle for everyone.
  - ALL PARTICIPANTS SHOULD BE BSA SWIMMERS.
  - **NOTE: EVERYONE WHO COMES WILL PADDLE!!**
  - We will wear Personal Flotation Devices at all times in the canoes.
  - **WEAR YOUR MASK UNTIL ESTABLISHED IN YOUR CANOE.** Also while exploring the islands.
  - Eat as good breakfast before you come. Bring LUNCH, SNACKS, and WATER.
  - Wear your swimsuit and your black Troop 50 T-shirt; bring old sneakers or water shoes to wear in the canoe, a towel, a garbage bag to sit on in your car to keep the seat dry. Sunscreen!!
  - This trip will be cancelled if severe rain is forecast. We'll Text ~9 PM Friday if we are cancelling.) Call Mr. Lareau if you are concerned about the weather.

**Deadline for EMAIL registration is- Wednesday, September 10, at 9 PM so we can plan adequately.**

-----Tear off here and retain the top half for your reference.-----  
Bring the bottom half with you. Don't email it.

**CAMP WINNEBAGO MINI CANOE TREK**  
 Saturday, September 19, 2020



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? YES NO  
 Please note on the reverse side with any special instructions.

**Will** he be taking any **medications during the event.**? YES NO Please list any meds on the reverse side with any special instructions.

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.

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

**Deadline for EMAIL registration is-Thursday, September 10, at 9 PM so we can plan adequately.**