



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



EVENT: **CABIN CAMPOUT**
 LOCATION: Mount Allamuchy Scout Reservation, Byram, New Jersey
 LEAVING FROM: VFW. Be there by 5:00 PM, Friday, December 10, 2021.
 RETURNING TO: VFW. Sunday, December 12, by 12 PM. We'll call.
 COST: \$45
 TRIP LEADER: Mr. Lareau 973-479-6865

- REMARKS:
- Take the edge off winter camping, enjoy a weekend in a heated cabin. We will be doing an orienteering competition with prizes!!!
 - There is a limited number allowed in the cabin; first come, first served.
 - We'll all get a chance to do archery shooting indoors. You can earn Yeoman, Bowman or Archer level and be rewarded with a patch. Prizes to the Troop top 3 archers, too.
 - We'll all be running a fun orienteering/geocaching course. Bring your compass and GPS.
 - Bring a bag dinner for Friday night. Bring layered warm clothes including hat and gloves, snow gear (?), toilet gear, and sleeping bag. The bunks have mattresses. No uniforms required this weekend. **ALWAYS BRING RAINGEAR.** Bring board games for the evening.
 - Lots of time for advancement testing. Come prepared.
 - **No Electronics.** (cell phones, ipods, etc.) Scouts can use Mr. Lareau's phone if necessary.

RETURN BOTTOM HALF OF PERMISSION SLIP AND PAYMENT (\$45) BY Nov 21 TROOP MEETING



CABIN CAMPOUT
 Mount Allamuchy Scout Reservation
 Byram, New Jersey
 December 10 - 12, 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? YES NO
 Please describe on the reverse side with any special instructions.

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.

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

NOTE: **PERMISSION SLIP AND PAYMENT (\$45) DUE by Nov 21th TROOP MEETING**