



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



EVENT: **NO SLEEPOVER ADVANCEMENT "CAMPOUT"**  
 LOCATION: Camp Somers, 750 Waterloo Rd., Byram, NJ 07874  
 DATE/TIMES: Saturday October 3, 2020. Meet at camp at 8:30. Pick up at camp at 9 PM.  
 COST: \$20  
 TRIP LEADER: Mr. Lareau ( 973-479-6865)

- We can't camp out so we'll be doing a one day "Campout."
- We'll be preparing for future Tent camping, learning basic and advanced skills.
- Here's a great chance for all Scouts to finish up those outdoor requirements or learn some new ones. See your Scout Handbook and discuss possible requirements with your mentor. Learn on Saturday, Test later.
- We'll be shooting rifles. We'll have a campfire in the evening. Look for super skits and songs to wow us all!!
- This is an essential outing for the new Scouts. Emphasis will be on teaching basic camping skills.
  - We'll be Teaching- What to pack, New Tent & Dining Fly Setup, Patrol Box use & meal prep and cleanup; ax, saw, and knife use; fire building and safety, poisonous plants, 1/2 hitch & taut line hitch.
- 1<sup>st</sup> Class and above can help mentor the lower rank Scouts. Edge Method- Explain, Demonstrate, Guide, Enable.
- Eat a good breakfast before you come. Bring a **bag lunch**. Dinner will be hot dogs on a stick and more.
- **COME PREPARED TO TEACH, TEST OR LEARN... AND HAVE PHUN!**
- We'll discuss what to bring. A checklist of things to bring is found in the Scout Handbook. **Always bring Raingear!**

**SEND AN EMAIL TO SIGN-UP BY 9 PM, THURSDAY, SEPTEMBER 24, 2020.**

**Turn in payment (\$20) and Bottom Half of the Permission Slip at the event.**

**Tear off here and retain top portion for reference.**

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**NO SLEEPOVER ADVANCEMENT "CAMPOUT"**

LOCATION: Camp Somers, Byram, NJ

DATES: October 3, 2020

SCOUT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_ Rank \_\_\_\_\_  
 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 taking any **medications**  YES  NO 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: Deadline for Email Sign-ups is THURSDAY, September 24. Bring payment (\$20) and P.S. to the event.**