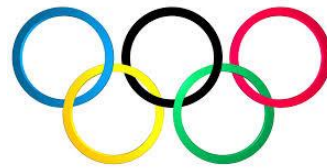


TROOP 205 GOES TO THE SAGTIKOS DISTRICT WEBELOS WOODS CAMPOREE



Native American Scout Olympics

Cathedral Pines County Park - 116 Yaphank Middle Rd., Middle Island, NY 11953

Leaving:	Friday, October 11, 2010 <i>promptly</i> at 6:30pm, from the Great River Fire House. Please arrive by 6:15pm to pack the vehicles. Please bring a bag lunch for Friday dinner.
Itinerary:	Troop 205 Cracker Barrel on Friday evening, Troop 205 Scouts and leaders participates in the activities on Saturday, Campfire on Saturday evening, and closing and award ceremony on Sunday morning, before driving home together as a Troop.
Sunday	After the closing and awards ceremony on Sunday, we'll be heading back to the Great River Fire Department, with an expected arrival time around 11:30am, where we, as a Troop, clean up all the Troop equipment.
Cost:	\$23 per person up to October 1st, which includes the District Camping fee and Cracker Barrel Friday evening, or \$18 if paid by Tuesday, September 24 th . In addition, please bring \$15. <u>in cash</u> to the October 8 th Troop Meeting to pay for the Patrol food.
Dress/Packing:	Class "A" Uniform for Friday, Saturday evening Campfire, and on Sunday for the closing ceremony and the return trip – including Troop 205 Neckerchief and Slide. The Troop 205 Class "C" or "B" Uniform during the day on Saturday. Bring warm sleeping bag, camp chair, mess kits, eating utensils, and warm clothes.
Troop policy	No Scouts bring Cell Phones. Leaders will have cell phones if any calls are necessary. Parents can reach us on the trip through our leaders, if needed.
Sign me up!:	Sign-up deadline by Tuesday, October 1 st to ASM's Angel Covarrubias or Robert Firreno at the Troop Meetings. In addition, please be sure to also bring \$15. <u>in cash</u> to the October 8 th Troop Meeting for the Patrol food.
Questions?	Contact ASM's Angel Covarrubias at 631-224-4698 or via email at: angelcova@optonline.net or Robert Firreno at 516-459-5781 or nino@pcrichards.com .



**2019 Sagtikos District Webelos Woods - October 11-13, 2019
Cathedral Pines County Park, 116 Yaphank Middle Road, Middle Island, NY 11953**

Troop Scouts Name(s): _____

_____ # of Troop Scouts attending at \$23 up to Oct. 1st, or \$18 if paid by Sept. 24th \$ _____

_____ # of Troop Leaders & adults attending at \$23 up to Oct. 1st, or \$18 if paid by Sept. 24th \$ _____

Paid \$ _____ on date of _____ Total Paid \$ _____

Cash _____ Checks #'s _____ Use credit on account with Troop if available _____

Adult Sign-up (if attending) Name: _____

Non-Leader Adults with Youth Protection Training mandatory (Leaders have already taken it). Check here if completed _____

Please take on <https://www.scouting.org/training/youth-protection/> - Click "New to Scouting? Click here to take training."

Please attach your completion certificate to this form.

If Leader attending, willing to drive? Yes _____ No _____

If willing to drive, Vehicle: Type: Sedan _____ SUV _____ Pick-up _____ How many total occupants (including driver) can you accommodate (# of seatbelts) for this trip, if adult is driving _____.

Required information for BSA Trip if driving: Driver's License #: _____

Insurance Coverage liability: \$ _____ per and \$ _____ total.

Auto Make: _____ Auto Year: _____ Auto Model: _____

Permission Form

I give my son(s) _____ permission to attend and participate in the Sagtikos District Webelos Woods, Cathedral Pines County Park, 116 Yaphank Middle Road, Middle Island, NY 11953 on October 11-13, 2019.

I understand that all Scouts, Leaders, parents, and drivers will be leaving with the Troop at 6:30pm on Friday and returning as a unit back home on Sunday morning. No exceptions unless known in advance by Assistant Scoutmasters Angel Covarrubias or Robert Firreno so we can plan the trip accordingly, as shown here:

Emergency Phone: _____ Secondary Emergency Phone: _____

In the event of an emergency, I authorize the Tour Leader or Assistant Tour Leader to obtain emergency medical treatment for my son. My son is covered under the following health insurance information:

Plan: _____

Group: _____

Id: _____

My son has the following disability, which would impair his ability to participate in this trip: _____ (if none, please indicate).

Please use back of form if more space is needed.

Allergies, Medications or other information that the Scout Leaders should be aware of:

Parent's Name: _____

Parent's Signature: _____ Date: _____

Sign up deadline with camping fee is due by October 1st. No refunds after this date.