

TROOP 205 GOES TO THE



WEBELOS WOODS 2022

THE LAST CRUSADE FOR THE ARROW OF LIGHT

in search of the

TEMPLE OF THE LOST WEBELOS

Calling all Sagtikos

Troops and WEBELOS

October 14-16 2022

West Hills County Park, West Hills, NY

Leaving:	Friday, October 14, 2012 <u>promptly at 6:00pm</u> , from the Great River Fire House. Please arrive by 5:30pm 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 Last Crusade for the Arrow of Light in search of the Temple of the Lost WebeLos 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:	\$28 per person, which includes the District Camping fee, Cracker Barrel Friday evening, and Saturday evening dessert. In addition, please bring \$25. in cash to the October 11 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, mask, BSA Handbook, and warm clothes.
Troop policy	<i>No Scouts bring Cell Phones, or will be collected when arriving at the campsite until the return ride home.</i> 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 4 th to Assistant Bobby Davis at Troop Meetings or scan and email to: b808d16@yahoo.com . In addition, please be sure to also bring \$25. in cash to the October 11 th Troop Meeting for the Patrol food.
Questions?	Contact ASM Bobby Davis at 631-560-6098 or via email to b808d16@yahoo.com .

2022 Sagtikos District Webelos Woods - October 14-16, 2022
West Hills County Park, West Hills, NY



Troop Scouts Name(s): _____

_____ # of Troop Scouts Attending @ \$28. = \$ _____

_____ # of Troop Leaders/Father's attending @ \$28. = \$ _____

Total paid \$ _____

Date Submitted: _____ Cash _____ Checks #'s _____ Use available Troop credit _____

Zelle to treasurer@t205.netn _____ Venmo to @Troop-TwoOFive _____



venmo

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/Father 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, West Hills County Park, West Hills, NY, on October 14-16, 2022.

I understand that all Scouts, Leaders, parents, and drivers will be leaving with the Troop at 6:00pm on Friday and returning as a unit back home on Sunday morning. No exceptions unless known in advance by ASM Bobby Davis 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 4th. No refunds after this date.