



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



EVENT: **ADVANCEMENT CAMPOUT**
 LOCATION: Hidden Valley Park, Everdale Rd, Randolph
 LEAVING FROM: VFW, Friday, April 26, 2024 5:00 PM
 RETURNING TO: VFW, Sunday, April 28, 2024. 12:00 PM
 COST: \$35
 TRIP LEADER: Mr. Lareau (973-479-6865)

- REMARKS
- Tent camping right here in town. *Scouts can come and go to fulfill sports commitments.*
 - This is a perfect tent campout for the new Scouts and fun for everyone. Emphasis will be on teaching and testing on basic camping skills.
 - We'll be testing on knife and ax, fire building, first aid, lashings and anything else!!
 - Here's a great chance for all Scouts to finish up those outdoor requirements or learn some new skills. (Possible 5 Mile hike on the Randolph Trails.) **COME PREPARED TO TEST!!**
 - We'll be doing Randolph Clean-up on the trails in the afternoon. **SERVICE TIME!!** Parents are invited to come at 1 PM and help.
 - Lots of time for playing games, too. (Flashlight Tag??) (Manhunt??)
 - Bring a **bag dinner** for Friday night.
 - **COME PREPARED TO TEST AND LEARN...AND HAVE PHUN!**
 - We will review what to bring with the new Scouts. **Always bring Raingear!**

THE DEADLINE FOR PAYMENT (\$35) AND PERMISSION SLIP IS THE THURSDAY, April 11 TROOP MEETING



ADVANCEMENT CAMPOUT
 LOCATION: Hidden Valley Park, Everdale Rd., Randolph
 DATES: April 26-28, 2024



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

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.

Will he be staying the entire weekend? YES NO If no, please explain on the reverse side.

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

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Amount Paid: _____ How Paid: _____