

TROOP 130
CAMP BARTON
TRUMANSBURG, N.Y.
SIDNEY CABINS
JANUARY 19TH-21ST 2018

LEAVE: FRIDAY JANUARY 19,2018 M.O.S. CHURCH 5:00PM

RETURN: SUNDAY JANUARY 21,2018 APPROX.11:00 AM TO HOME

SIGNUP: DEADLINE FOR SIGNUP **MONDAY JANUARY 8TH**

YOU NEED TO SIGN UP BY THIS DATE PLEASE SO WE CAN COORDINATE DRIVERS.

The cost is \$25.00 per person in which will include camping fees and food.

Make all checks payable to TROOP 130

There is 3 cabins (8-12 per cabin) that will hold a total of 28 people and we can put up tents for anyone that would like to sleep outdoors.

PROGRAM: We will work on camping skills, and a hike to the falls.

CLOTHING: Be prepared for cold and wet weather

WEAR: warm clothes (layer your clothing)

PACK: Raincoat on top. Winter jacket, wool hat, gloves, Sweatshirt, pair longpants, shorts, short sleeve shirts, class B uniform and hoodie, long sleeve shirt, thermal underwear, 2 pairs underwear, socks (several pairs), boots, extra pair of sneakers for inside of the cabin, hand towel, wash cloth, soap, toothbrush, toothpaste, scout book, pencil, quarter, sleeping bag, ground cloth, foam pad, flashlight, matches, pocket knife, **mess kit, utensils, drinking cup**, compass, watch, first aid kit, canteen and a spirit to have a great time.

COOKING: The troop will plan all meals (Friday Dinner, Saturday Breakfast,Lunch & Dinner and Sunday Breakfast). The scouts will cook meals as patrols.

Any questions please call Len Angie at 748-3738

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JANUARY 19TH -21ST ,2018

To the Leaders of Boy Scout Troop 130:

I give my general permission to the leaders of Boy Scout Troop 130 to secure medical treatment for my son: _____ in the event of injury he may sustain on any scout function including meetings, campouts, or any other scout activity.

I can be contacted at telephone # _____ Alt. Telephone # _____

List any medications your son will be taking for this event.

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

List any known allergies to medications, insect bites, or other allergies.

Medical Insurance Carrier Name: _____

Contact # _____

Signed: _____ (Parent or Guardian)

I can drive ____ boys and gear to camp from MOS on Jan. 19th at 5:00 pm.

I can drive ____ boys and gear from camp to MOS on Jan. 21st at 9:00am.