

**TROOP 130**  
**BRADDOCKS BAY PARK**  
**GREECE, N.Y.**  
**LIGHTHOUSE DISTRICT CAMPOREE**  
**NOVEMBER 2<sup>nd</sup> – 4<sup>th</sup> 2018**

**LEAVE:** FRIDAY NOVEMBER 2<sup>nd</sup> M.O.S. CHURCH 5:00PM

**RETURN:** SUNDAY NOVEMBER 4<sup>th</sup> APPROX. 9:00 AM TO HOME

**SIGNUP:** DEADLINE FOR SIGNUP **MONDAY OCT 29<sup>th</sup> (SIGN UP AT MOS IF YOU PLAN TO GO)**

**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

**PROGRAM:** ANNUAL LIGHTHOUSE Camporee will be a skills competition at the Patrol Level.

**CLOTHING:** Be prepared for cool and wet weather

**WEAR:** warm fall clothes (layer your clothing)

**PACK:** Raincoat on top. Jacket, wool hat, gloves, Sweatshirt, pair long pants, shorts, short sleeve shirts, class A&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, flashlight, matches, pocket knife, **mess kit, utensils, drinking cup**, compass, watch, first aid kit, water bottle and a spirit to have a great time.

**COOKING:** The Troop PLC will plan all meals (Friday light dinner, Saturday Breakfast, Lunch and Dinner and Sunday Breakfast). The scouts will cook meals as patrols. Scouts may want to bring a snack for Friday night.

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**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 November 2<sup>nd</sup>, 2018 at 5:00 pm.

I can drive \_\_\_\_ boys and gear from camp to MOS on October 4<sup>th</sup>, 2018 at 9:00am.