



# Troop 84 Pine Barrens Campout



When: Friday, March 28<sup>th</sup> to Sunday, March 30<sup>th</sup>, 2008

Highlights: Scouts :  
Camp 2 nights in the majestic Pine Barrens. Saturday there will be Scout Skills in the morning. After lunch, there will be a treasure hunt, trail hike, patrol games and manhunt. An optional Weird N.J. night drive and hike. On Sunday, we will travel to Margate City to tour Lucy the Elephant and stop for lunch.

Venture Scouts Option : Tracking School:  
Spend 5 hours with world renowned Wilderness Survival Experts learning and doing : tracking, stalking, silent movement, principles of stone tools, throwing sticks, natural cordage making, camouflage, bow drill fire building and other survival techniques you would never think of. (Don't worry, no bug eating!)

Depart: 5 pm Friday night from First United Methodist Church

Return: Approximately 3:30 pm at the Troop Garage, you will be called.

Contact: Mrs. Shelley Nolan or Mrs. Lori Quinn.

Camp: Belleplain State Forest, NJ

Phone: 609-861-2404

Signup: Signup and Permission slips are due Monday, March 17<sup>th</sup>.

Cost: Scouts and Leaders : \$17.00 due at signup  
Venture Scouts and Leaders participating in the Tracking School : \$37

Food Cost: \$14 due in cash to patrol at signup.

Special Meal Friday Dinner: Eat before you leave or bring dinner to eat on the drive.

Instructions: Troop will be providing Sunday lunch.

# Pine Barrens Campout Equipment List

## To be worn on departure:

Troop Hat \_\_\_\_\_ Hiking Boots \_\_\_\_\_ Warm Jacket \_\_\_\_\_

Seasonal Clothing \_\_\_\_\_ Watch \_\_\_\_\_

## To be packed in your Daypack:

Daypack \_\_\_\_\_ Rain Jacket \_\_\_\_\_ Rain Pants \_\_\_\_\_

Personal First Aid Kit \_\_\_\_\_ Compass \_\_\_\_\_ Pocket Knife \_\_\_\_\_ (not new scouts)

Flashlight \_\_\_\_\_ Winter Hat \_\_\_\_\_ Winter Gloves \_\_\_\_\_

Filled Water Bottle \_\_\_\_\_ Fri Dinner \_\_\_\_\_

Optional : Car Games/Book \_\_\_\_\_

## To be packed in your Backpack or Duffle Bag:

Backpack/Duffle Bag \_\_\_\_\_ Sleeping Bag (in stuff sack) \_\_\_\_\_ (4-Season or 3 Season & blanket)

Ground Cloth \_\_\_\_\_ Sleeping Pad \_\_\_\_\_ Pillow or Case \_\_\_\_\_

Extra shoes \_\_\_\_\_ 2 Pairs Hiking Socks \_\_\_\_\_ Sock Liners \_\_\_\_\_

Sleepwear \_\_\_\_\_ Underwear \_\_\_\_\_

Sweat Pants \_\_\_\_\_ Sweat Shirt \_\_\_\_\_

1 Pair Pants \_\_\_\_\_ 1 Long Sleeve Shirt \_\_\_\_\_ T Shirt \_\_\_\_\_

Vittle Kit(Fork/Spoon) \_\_\_\_\_ Large Cup \_\_\_\_\_ Personal Clean-up Kit \_\_\_\_\_

Extra Batteries \_\_\_\_\_ Boy Scout Handbook (New Scouts Only) \_\_\_\_\_

Optional : Camera \_\_\_\_\_ Optional : Cards \_\_\_\_\_

## Special Notes:

Scouts working on their Conservation Project bring work gloves, shovel and rake (iron or grass)

Venture Scouts taking Tracking School bring extra set of old & dark clothes.

All Items Must Be Labeled

# Pine Barrens Campout

## Signup and Payment Due March 17<sup>th</sup>

Scout \_\_\_\_\_  Will Participate  Will Not Participate  
Parent is Participating in the Activity  Yes  No  
Parent is available to provide transportation  Yes  No  
If Driving, Number of Seat Belts (including driver) in Vehicle is

Trip Date : Mar 28 Trip Cost : \$17 Scout / \$37 Venture Total Paid : \_\_\_\_\_ by (Circle One) Cash Check Scout-Account

**BOY SCOUTS OF AMERICA**  
**TROOP 84 SOMERVILLE, NJ**  
**WAIVER AND PERMISSION FORM**

MY SON \_\_\_\_\_ HAS PERMISSION TO PARTICIPATE  
(FIRST NAME) (LAST NAME)

WITH THE TROOP ACTIVITY KNOWN AS Pine Barrens Campout

WHICH WILL BE HELD AT Belleplain State Forest, NJ

MEDICAL CONDITIONS/RESTRICTIONS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

IN THE EVENT THAT YOU FIND IT NECESSARY FOR MY SON TO BE RETURNED HOME DUE TO ILLNESS OR OTHER REASONS, I MAY BE REACHED AT (PHONE) \_\_\_\_\_

OR AS AN ALTERNATIVE, CONTACT MR. /MRS. \_\_\_\_\_ AT \_\_\_\_\_

I hereby authorize the scout leaders to seek emergency care and further authorize the physician(s) to provide emergency treatment to my child for any laceration, fracture, other traumatic injury, any symptom, disease or injury which, in the judgment of attending physician, if untreated may be reasonably expected to increase the risk of harm to my child. This consent to care is to be in effect "only" after reasonable efforts have been made to contact and obtain my specific consent to any emergency treatment.

\_\_\_\_\_  
Parent's name (Print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

In the event my son has a minor injury, I give my consent to the adult leader in charge to use his/her best judgment to decide if or when to administer the following over-the-counter medications:  
Please check consented medications.

For headaches:	Acetaminophen (Tylenol)	_____
For muscle aches:	Ibuprofen (Advil)	_____
For hay fever, bee stings, poison ivy:	Antihistamine	_____
For upset stomach:	Antacid (Tums)	_____

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date