

Troop 219 Informational Handout

(www.troop-219.org or www.troop219.org)

● UPCOMING EVENTS/ACTIVITIES:

- April 12 NO MEETING
- April 21 LIFE SCOUT Seminar 7:00PM
- April 23-25 Council Camporee
- 04/30 – 05/02 OA Section C2A Conclave – Camp Miaconda, Toledo OH
- 04/30 – 05/02 First-year campout & Quartermaster Day
- May 4 Star Seminar (for Star Rank & above scouts)
- May 7-9 Dorchester International Brotherhood Camporee
- May 21 – 23 Cuwe Lodge Spring Conclave – Camp Tapico

● APRIL 12 TROOP MEETING CANCELLED

Being the day after Easter Sunday, and the first day of Spring Break for Fenton Schools this meeting night should not have been scheduled based on normal scheduling traditions. Therefore the PLC has decided to remove this meeting from the program calendar.

● SUMMER CAMP PAYMENTS ARE COMING DUE

Tall Pine Council has raised the price of Summer Camp slightly. The cost for Troop 219 is now \$210 for Scouts and \$80 for adults if paid by Monday, May 10, 2004.

The price changes to \$240 for Scouts and \$100 for adults if not fully paid by that date. This late charge is imposed by the Council. Our troop fee includes the per-scout equipment costs that are due in addition to camp fees, as well as the cost of the MANDATORY pre-camp campout, scheduled this year for the weekend of June 11-12-13, with a court of honor at camp on the night of June 12th.

SEE MR MILLER to arrange to ensure your attendance at Summer Camp at the lower cost.

SEE MR COX OR MR MILLER IMMEDIATELY if you will need troop campership funds to be able to afford the cost of summer camp. Campership funds are available but you need to make a request as early as possible. Any and all campership requests are kept strictly confidential.

● LIFE SCOUT SEMINAR

On Wednesday evening, April 21st, there will be seminar STRICTLY for Life Rank Scouts from Troop 219. The purpose of this seminar is to provide ideas and to kick start your efforts at identifying and implementing your Eagle Scout Leadership Service Project. Be at the church by 7:00PM, there will be snacks and I don't expect the seminar to last much more than 1 hour.

● FIRST YEAR CAMPOUT – QUARTERMASTER DAY

The weekend of April 30 – May 2 has a combined event scheduled; camping at Mr. Hussar's for possibly the very last time. Older Scouts will camp at Mr. Hussar's beginning Friday night – spending Saturday working with troop equipment and assisting with the instruction of First Year Scouts. First year Scouts arrive Saturday at 9AM and work on Tenderfoot skills. There'll be a Saturday night campfire and the combined event will end at 9:30AM on Sunday. A signup form is part of this handout.

FOUR PARENT VOLUNTEERS ARE NEEDED TO HELP THIS EVENT TAKE PLACE

Larry Zimble
Scoutmaster-Boy Scout Troop 219

TALL PINE COUNCIL CAMPOREE
April 30 May 2, 2004
PERMISSION SLIP & HEALTH FORM
(return with \$15 payment by Monday, April 26, 2004)

REGISTRATION: Adult or Scout's Name: _____

Method of Payment: Troop Account _____
 Check (# and amt) _____
 Cash _____

_____ (name) has my permission to participate in the First Year Scout campout and Quartermaster Day at Mr. Hussar's house. First Year Scouts arrive by 7:30AM on Saturday May, 1, 2004. Older scouts arrive by 6:00PM on Friday, April 30 having eaten dinner. Pickup at Mr. Hussars at 10AM Sunday, May 2, 2004.. WE NEED ADULTS TO HELP STAFF THIS EVENT!!!

In case of emergency, notify:

Name		Relationship	
Address:			
Primary Phone:	()	Alternate Phone:	()
Physician Name:		Physician Phone:	()
Health Insurance Company:		Policy Number:	

- This scout takes no medications and has no known allergies.**
 This scout takes medication or has allergies as follows: *(Attach additional pages if necessary)*

The health information contained herein is correct so far as I know and the person herein described has permission to engage in all prescribed activities, except as noted above. In the event I cannot be reached in an emergency, I hereby give permission to the medical provider selected by a designated representative of Troop 219, Boy Scouts of America to authorize emergency medical or surgical treatment, routine non-surgical medical care, hospitalize, secure proper anesthesia, or to order injection(s) for my child. The person herein described is in good health, has all required immunizations current, and I assume the health responsibility for the individual.

Parent/Guardian Signature		Parent/Guardian Signature	
X		X	
<small>Print Name</small>	<small>Date</small>	<small>Print Name</small>	<small>Date</small>