

Troop 219 Informational Handout

- **Camp Tapico Cabin Campout and (possible) Polar Bear Campout**

The campout is at Camp Tapico, Kalkaska the weekend of February 16th, 17th and 18th. Scouts may bring cross-country skis and snowshoes. Snowshoes and cross-country skis and ski shoes are also available for rent at Camp Tapico. Cross country skis with boots rent for \$3.00 per hour or \$10.00 for the day (ski shoe sizes up to 10 1/2). Snow shoes rent for \$3.00 per hour or \$10.00 for the day. Ice fishing is also a possibility but you must bring your own equipment for that.

YOUR PERMISSION SLIP AND PAYMENT ARE DUE IN NEXT MONDAY, FEBRUARY 5, 2001. A COPY IS ATTACHED TO THIS HANDOUT. THE EQUIPMENT LIST IS NOT BEING PRINTED AGAIN AS IT WAS IN HANDOUT NO. 13 FOR JANUARY 22, 2001, WHICH IS ALSO POSTED ON THE WebPages (www.troop-219.org).

POLAR BEAR CAMPOUT PARTICIPANTS

Mr. Hussar and Mr. Cohoon will be the only two adults who will be attending the Polar Bear campout at this time-other adults are welcome. There will be a **MANDATORY** training and planning session on Saturday, February 3 from 9:00 A.M. to noon or slightly later. This will be held at the First Presbyterian Church-Fenton. Scouts participating in the Polar Bear Campout will spend Friday night in the cabin and then we will go out on Saturday morning, after breakfast, and set up a winter campsite at Orion. We will stay out until after breakfast on Sunday and will return home with the Troop.

The minimum requirements to earn a Polar Bear Patch are: spend twenty hours outdoors; prepare three hot meals; camp overnight in a shelter you have constructed or set up for this occasion (tent/quincee/snow cave) and for the temperature to drop to at least 20 degrees (yes that is above zero and not below zero).

The training and planning session will cover snow emergencies and first aid, shelters, clothing, equipment, nutrition and hydration. A menu will also be planned so that the shopping may be done ahead of time. This is not a survival campout but rather a time to learn about living in the cold and how to stay reasonable warm and happy.

CALL MR. HUSSAR BY WEDNESDAY, JANUARY 31, 2001 IF YOU ARE PLANNING ON ATTENDING THE PLANNING AND TRAINING SESSION AND THE POLAR BEAR CAMPOUT. MR.HUSSAR'S HOME TELEPHONE NUMBER IS (810) 735-4202.

The cost for the Cabin Campout/Polar Bear Campout is \$25.00. We will depart at 6:00 P.M. on Friday, February 16th from the southwest corner of the K-Mart parking lot. Scouts should have dinner before we depart for Camp Tapico, Kalkaska, Michigan. We should be back at the K-Mart parking lot by 3:00 P.M. on Sunday afternoon. Please make sure you are there to pick up your Scout. We may be earlier or a little later but 3:00 P.M. is a pretty good estimate of our arrival time.

- **Scout Sunday**

Scout Sunday, the beginning of Scout week, is Sunday, February 4, 2001. This is the 90th Anniversary of Scouting in the United States. Why not wear your FULL uniform to church to help celebrate the occasion! ! !

Mr. Mike Witzgall
Scoutmaster-Boy Scout Troop 219

**Troop 219 Cabin Campout-Camp Tapico
February 16th through February 18th, 2001**

PERMISSION SLIP & HEALTH FORM

(RETURN-with \$25.00 Payment-by or before the FEBRUARY 5th Scout Meeting)

REGISTRATION: Adult or Scout's Name _____

Method of Payment: Individual's Account _____

Check Amount and Number _____

Cash _____

_____ (name) has my permission to attend the Troop 219 Cabin Campout or the Polar Bear Campout from 6:00 P.M. Friday, February 16th through 10:00 A.M. Sunday, February 18th, 2001 at Camp Tapico, Kalkaska, Michigan. Transportation arrangements will be made by the Troop. Scouts should be dropped off with their equipment prior to the 6:00 P.M. departure from the K-Mart parking lot. Scouts **are to be picked up** at this same location **at 3:00** P.M. on Sunday.

Participants should have dinner prior to our Friday evening departure.

In the event of an emergency, and I cannot be reached by telephone or other reasonable means, I hereby (DO/DO NOT) give my permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, order injections, surgery and do whatever appears medically necessary for my child.

Medical Insurance Company: _____

Medical Insurance Numbers: _____

Allergies or other medical information: _____

Signature of Parent or Guardian: _____ Date- _____

Address: _____

City: _____ State: _ Zip Code: _____

Home Tel. No: () _____ Alternate Tel. No: () _____

Person to contact in an emergency if parent/guardian cannot be reached:

Name: _____ Relationship to Scout: _____

Telephone Number: () _____

SPECIAL HEALTH OR DIETARY NOTES UPDATE BY PARENT/GUARDIAN:

