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September – Pioneering

What: Earn your Pioneering merit badge!

Where: At Three Fires Council's Adventure Camp (a.k.a. TFC Ranch) in Rochelle, IL. Driving directions are below.

When: Friday, Sept 25 through Sunday, Sept 27, 2009.

Who: This outing is limited to Scouts, adult volunteers and uniformed leaders. Please inform Mr. Pestrak to participate as an adult volunteer.

Transportation: Driving to/from the outing via pre-arranged carpooling. Please contact Mr. Pestrak to volunteer as a driver. Adventure Camp is about a 1.5 hour drive from Naperville.

Lodging: This is an outdoor, overnight event. Scouts will be sleeping in troop-provided tents. Adults can use troop-provided tents, but are encouraged to bring their own tents.

Food:

- Friday: **No dinner will be provided.** There will be an evening snack after camp is setup.
- Saturday: Breakfast, lunch and dinner is provided.
- Sunday: Breakfast is provided.

Attire: BSA attire is required during transportation to/from the outing. The scouts will be outdoors throughout the outing, so dress accordingly.

Equipment: Be prepared for outdoor camping.

Special Activities: Please read through the Pioneering merit badge requirements online (<http://meritbadge.org/wiki/index.php/Pioneering>) or in the merit badge handbook (available at the Naperville library).

Questions/Resources: Contact Mr. Fitzsimmons, Mr. Hinch or Mr. Pestrak with questions about this outing.

- Emergency - 911 is available in this area
- Nearest Hospital is Rochelle Community Hospital, 900 N 2nd St, Rochelle, IL, 815 562 2181.
- Camping gear/clothing: www.troop-222.org, Troop Handbook and Resources section. See "Gear required for your first (and most) campout" and the Troop Handbook section titled "Scout's Guide to Outdoor Gear."

Be Prepared - Your To Do List:

1. **NOW:**
 - a. Scouts - Complete the Outing Cost Sheet. Read Pioneering merit badge requirements (see Special Activities above)
 - b. Adults – clear your calendar so you can volunteer to join us!
2. **No later than Sept 4th.**
 - a. Scouts - Turn in completed versions of the Outing Cost Sheet and payment to **Mr. Pestrak**
 - b. Adults – Volunteer to participate and/or drive in carpool with **Mr. Pestrak**
3. **On Sept 25^h**
 - a. Scouts – Pack your gear. Also bring a copy of your Class 1 medical form (keep in the back of your scout book), pack all medications you are using in a zip-loc bag with your name and a note with instructions.
 - b. Adults - Drop off your scout at St. Elizabeth Seton at 6:30 pm.
4. **On Sept 27th**
 - a. Adults – Be at home between 9 am and noon.













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Driving Directions

Distance: 68 miles, Estimated Driving Time: 1 hour 31 min.

Directions:

	2220 Lisson Rd Naperville, IL 60565
1. Head north on Lisson Rd toward E 87th St	 0.8 mi
2. Turn left at Wehrli Rd	 1.7 mi
3. Continue on College Rd	 1.6 mi
4. Continue on Yackley Ave	 1.8 mi
5. Turn left at Warrenville Rd	 1.3 mi
6. Turn left at Naperville Rd	 0.1 mi
7. Turn right to merge onto I-88 W toward Aurora Partial toll road	 51.2 mi
8. Take the IL-251 exit toward Mendota/Rochelle	 0.4 mi
9. Turn right at IL-251/S IL Route 251 (signs for Rochelle) Continue to follow IL-251	 4.3 mi
10. Turn left at E Hemstock Rd	 5.2 mi
 E Hemstock Rd & S Knoll Rd Rochelle, IL 61068	

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COMPLETE THIS PAGE AND RETURN TO Mark Pestrak NO LATER THAN SEPTEMBER 4TH

WAIVER OF RESPONSIBILITY

TROOP 222 BOY SCOUTS OF AMERICA SPONSORED BY: KNIGHTS OF COLUMBUS, ST. ELIZABETH SETON CHURCH
In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety of my **Scout son(s)/ward(s) namely:**

On the activity named herein, I agree to his participation and waive all claims against the leaders of this trip, officers, agents and representatives of the Boy Scouts of America, and the sponsor. In the event of an emergency, the Troop unit leader of the activity named or his designee has my permission to obtain medical treatment for this Scout at a doctor, hospital or other medical care provider, at my expense.

Signed: _____ Date: _____

During the activity, I can be contacted at the following phone numbers: _____

This Scout is allergic or sensitive to: _____

This Scout is taking the following medications: _____

Outing Costs - costs per person

	Quantity	Total
Scouts	_____	\$ _____
Adult volunteer	_____	\$ _____
Uniformed leader	_____	\$ _____
	TOTAL \$	_____

Attached is payment of \$_____ for _____ Scouts and _____ Adult volunteers and _____ Adult Leaders.

\$_____ Deduct from Scout account
Requires parental approval: Signed: _____