ITOLS

The Scoutmaster & Assistant Scoutmaster Basic Training

Camp Gorton – September 26-28, 2014

Your Council Training Committee invites you to participate in Scoutmaster Training. These skills are critical to the success of the Scouting program. This weekend of training provides Boy Scout Troop Leaders with the full range of basic skills needed to provide a quality program to the Scouts in their unit meetings while also mastering basic camp skills.

This course is being held at Camp Gorton from 8:00PM 9/26/14 to 1:00PM 9/28/14, and is required for all Scoutmasters and Assistants to complete their basic training and recommended for Venturing leaders.

The staff will help you learn how to guide your Troop and Youth Leaders at your weekly meetings, set up camp, cook, work with woods tools and rope, first aid, planning campfires, map and compass skills, hiking and packing techniques, nature identification, and "Leave No Trace". Each session brings to life the pages of the Boy Scout Handbook and will increase your comfort level while giving you the confidence of a trained, skilled leader. The program also gives you the opportunity to meet & work with other Scout leaders from your area, make new friends, and reinforce skill techniques with fellow unit leaders.

The EARLY BIRD fee of $25.00 must be received by Saturday, 9/20/14. AFTER that date, the fee is $35.00 per person.

For questions contact:

David Sullivan, Council V.P. for Training
607-733-2506 frctraining@stny.rr.com

========== CUT AND RETURN ==========

☐ ***Introduction to Outdoor Leader Skills on 9/26-9/28 at Camp Gorton.***

6TRMS

A MINIMUM OF 12 PARTICIPANTS IS REQUIRED. LESS THAN 12, REFUNDS WILL BE ISSUED AND THE COURSE CANCELLED. THIS COURSE IS LIMITED TO A MAXIMUM OF 32 PARTICIPANTS! NO REFUNDS AFTER 9/20/14.

Registration Fee: ☐ $35 Regular Fee ☐ $25 Early Bird Fee by Saturday, 9/20/14.

Name: _____ ***Troop:*** _____ ***Position:*** _____

Address: _____ ***Email Address:*** _____

City/State/Zip: _____

Home Phone: _____ **Cell / Work Phone:** _____

Please note, I have a food allergy for: _____

Payment method: Name on Card: _____ ***Exp. Date:*** _____

☐ ***Visa*** ☐ ***MC*** ☐ ***American Exp. Card #:*** _____

☐ ***Check*** ☐ ***Charge Unit Account {Unit Authorization Given}***

Mail to: ***Five Rivers Council, BSA, MEGA Weekend Registration,***
3300 Chambers Rd., Suite 5190, Horseheads, NY, 14844
or Fax to: ***607-796-5101***

Online Registration is available on the Council Website: FiveRivers.org on the training page.