



Father/Son Weekend

# **WILLISTOWN TROOP 78 ANNUAL WINTER CAMP AND FATHER/SON WEEKEND**

## **AT HORSESHOE SCOUT RESERVATION**

(Father's attendance is not required for Scouts to attend)

**DATES:** JANUARY 9-11, 2026

**LOCATION:** CAMP HORSESHOE, RISING SUN, MD.  
BROWNING, and SCHRAMM LODGES  
(heated with woodstoves)

**WHAT DO I BRING:** Sleeping Bag and a pillow (mattress provided)  
Flashlight  
Warm clothes  
Rain or Snow gear  
Sturdy shoes or boots  
Toilet Articles  
Gloves and work gloves (two pairs)  
**Drinking cup**  
Scout Handbook  
Sled?  
PACK IN a DUFFEL BAG (no suitcases please)

**GETTING THERE:** THE TROOP 78 BUS OR YOUR DAD'S CAR.

THE BUS (OR POSSIBLE CAR POOL) WILL BE LEAVING THE CABIN AT 6:00 PM ON FRIDAY. EXPECTED RETURN IS 10:30 AM ON SUNDAY.

### **ACTIVITIES INCLUDE:**

Scout skill sessions, advancement, Camp tour, wood cutting, scavenger hunt, games, movie, snacks, Fun!

### **HOW DO I RESERVE A SPOT?**

Tell your Patrol Leader by Friday December 13<sup>th</sup> **and submit a permission slip.**  
Food cost is \$25 for adults and free for Scouts and visiting Webelos.

**Dads, we encourage you to join us and see what Troop 78 is all about.**

**Please tell your son's Patrol Leader you will be joining us.**

**Scouts, this is a perfect opportunity to invite a Webelos or a friend in your neighborhood to visit and learn about Scouting and Troop 78!**

### **WHAT IF I HAVE MORE QUESTIONS ?**

**Call your Patrol Leader or Senior Patrol Leader.**



Father/Son Weekend  
**2026 Winter Camp**  
PERMISSION SLIP

**Please complete and return this page per terms of handout.**

Scout name and patrol: \_\_\_\_\_

Adult attendee name: \_\_\_\_\_

E-mail address and phone number: \_\_\_\_\_

Allergies – please indicate any food allergies, dietary restrictions (for religious, medical or social reasons) or other relevant allergies (e.g., bee stings, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

**Check one:** I will \_\_\_\_\_ be going to camp in my own vehicle \_\_\_\_\_ would like to ride on the bus or in a carpool.

For Troop Registered Adults: Make \$25 check payable to: "Willistown Troop 78" or Cash

For Non Registered Adults: A copy of your YPT certificate, valid through at least January 30, 2026 must be attached to this form. **NOTE:** Non-registered adults are no longer able to stay overnight per new BSA policy.

I am the parent/legal guardian of the Scout named above, and my signature below constitutes my permission for my son to attend 2026 Willistown Troop 78 Winter Camp Trip. If my son (and/or I) does not attend the trip for any reason, I understand that \$25 will be deducted from his Scout account to reimburse the Troop for expenses incurred. I agree that my son will behave in a responsible manner while on this trip.

For adult attendees: my signature below is my agreement that my remitted **payment of \$25** will be forfeited in the event that I do not attend the trip for any reason.

\_\_\_\_\_  
(parent signature or signature of adult attendee)

**ALSO**

**If I am signing for a Scout:** I am the parent/legal guardian of the Scout/guest named above, and my signature below constitutes my permission for my son to attend the 2026 Willistown Troop 78 Winter Camp Trip. By signing this form, I represent that I have read the Troop 78 COVID-19 guidelines found [at this link](#), and commit that the person for whom I am signing this permission slip has also read, understands and will abide by those guidelines. My signature below also authorizes any registered Willistown Troop 78 leader in attendance to obtain medical treatment for my son if, in the discretion of such registered leader, such treatment is warranted. If my child cannot attend the trip for *any reason*, I promise that my son will call both his Patrol Leader and Mr. BILSON (610-547-7934) no later than Jan 9nd at 8AM.

**If I am an adult attendee:** By signing this form, I represent that I have read the Troop 78 COVID-19 guidelines found [at this link](#), and commit that I understand and will abide by those guidelines. My signature below also authorizes any registered Willistown Troop 78 leader in attendance to obtain medical treatment for me if, in the discretion of such registered leader, such treatment is warranted AND I am not able to grant consent to such treatment, in the opinion of that registered leader. If I cannot attend the trip for *any reason*, I promise that I will call Mr. BILSON (610-547-7934) no later than January 2 at 8AM.

\_\_\_\_\_  
(parent signature, or signature of adult attendee if submitted by attending adult)

Date of signature: \_\_\_\_\_