

2025 CHESTER COUNTY COUNCIL  
“Retro Arcade” KLONDIKE DERBY  
January 25th – Camp Horseshoe

**INFORMATION FOR SCOUTS OF TROOP 78**

Check In: Saturday, 8:00 AM at Dan Beard Campsite Pavilion

**GETTING THERE:**

You need to arrive at the cabin at 6:15AM to take the bus for the event. Pick up time will be around 6:00 PM. Scouts riding down with their father, he will need to remain at the event for the whole day, you also must let your patrol leader know.

**PREPARATION:**

**PATROL LEADERS** should get their headcount to the SPL by **January 19th**. Patrol leaders are responsible for bringing patrol supplies (per the list provided) and making sure your “dog” sled is in good repair.

**Patrol Needs:** Klondike Sled, 2 - Six-foot staves, Patrol first aid kit, Blanket/tarp, Compass, Natural fire building materials, fire starters, 10 feet of rope, Camaraderie!

**THERE WILL BE A TROOP MEETING FOR ALL ATTENDEES AT 7 PM ON THE 24th TO PREPARE FOR THE KLONDIKE DERBY.**

**WHAT TO WEAR and BRING:**

All scouts must dress for cold weather – wear layers of warm clothing, you must have gloves and hats to compete. You must wear boots – positively no sneakers.  
Rain gear (if needed)  
Water bottle & Drinking cup  
Change of clothes packed in a duffel bag

**EVENTS INCLUDE:** FIRE STARTING, SHELTER BUILDING, SLED RACING, FIRST AID, SLING SHOTS, MEMORY GAMES, LEGO FORT BUILDING, TENT SET UP, SLED DESIGN COMPETITION

**HOW DO I RESERVE A SPOT?**

Tell your Patrol Leader by January 19th that you will be joining us.

**We will cook a hot lunch; breakfast and dinner are not provided**

**ASPL’s and Junior Leaders** should let John Wark know if you are going.

**Please bring the attached permission slip.**

**ADULT LEADERS and Dads** needed to attend.

Please contact Steve D’Antonio if you can attend.

# 2025 Klondike Derby

## 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.):

For Troop Registered Adults: Make check payable to: “Willistown Troop 78” or Cash

For Non Registered Adults: A copy of your YPT certificate, valid through at least March 30, 2021 must be attached to this form.

I am the parent/legal guardian of the Scout named above, and my signature below constitutes my permission for my son to attend 2025 Willistown Troop 78 Winter Klondike Trip. If my son (and/or I) does not attend the trip for any reason, I understand that \$20 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 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 2025 Willistown Troop 78 Klondike Derby 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. D’Antonio (484-883-1277) no later than January 24th at 8PM.

**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. D’Antonio (484-883-1277) no later than January 21st at 8PM.

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

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