

2018

Coureur de Bois

Fall Trace

*Miami Valley &
Kanawha Chapter*

Oct. 12th - 14th



TRACE INFO

It is time for the first Miami Valley Fall Trace. It will be a joint fellowship with the Appalachian Ministry Network 'Kanawha Chapter' and the camp will be hosted by Commander Dave Holbert. We will have three days of fun and frivolity before we have to suffer the ravages of another Ohio winter. I look forward to seeing all my FCF brothers again. We will also have a chance to welcome our prospective new members going through their Frontier Adventure.

Those coming to Fall Trace for their Frontier Adventure will have a different charge according to the letter that you receive from the scribe. You need to make sure you arrive on time and are ready to go. It never hurts to be a little early either. Remember to follow the instructions you get in your letter and to bring everything you'll need for your Adventure. Candidates will also be fed by the Travelers Inn for Saturday's breakfast so make sure you adjust your meal planning accordingly. **All new member applications should be sent to the Scribe (Thomas Hunt hunt8213@yahoo.com) by Sept 28.**

Trace place: **838 Garrison Ln, Waverly, WV 26184**

Date: **10/12 – 10/14**

Cost: Old Timers \$25.00

Young Bucks \$20.00 (If you are in college there is no charge)

ACTIVITIES AND SPECIAL FEATURES

We've included the Knife and Black Powder form which must be signed by a parent.

Buckskin and Wilderness Adventures will be offered. Send copies of applications to the District and also to Simon Tanner at 551 Browns Ln, Newport, OH 45768

GROUND RULES/GUIDELINES

FIREWOOD ALERT! Firewood will be provided. The Ohio Department of Agriculture (ODA) has extended the EAB quarantine statewide, you can now move and sell your cut ash anywhere in Ohio. However, ODA and Division of Forestry recommend that people limit the movement of firewood when they sell or buy it to protect against the spread of all wood-borne pests, including the emerald ash borer and gypsy moth. It is still illegal to move ash trees, parts of ash trees, and hardwood firewood across the state line, due to USDA Department of Agriculture quarantine. (http://www.agri.ohio.gov/public_docs/news/2010/09-08-2010%20EAB.pdf) Downed wood or dead branches from standing trees may still be used. **No** cutting of live trees is permitted without permission.

- **Everyone** is to attend the Council Fire service (this is the focus of our trace event) and the closing assembly on Sunday. We don't want anyone to miss the opportunity to hear our speaker.
- You will need to provide for all your meals for your Outpost.
- **NO** motor vehicles (cars, trucks, etc...) will be operated in camp other than loading and unloading.

TRACE PERSONAL EQUIPMENT

The following are items that we feel are desirable to take to Trace. Some of the items may not be available to a young buck, so a substitute or deletion may be made at the discretion of the parents. Your son's Commander will be able to help you in making those decisions. We suggest you check off each item as you pack it. Please mark all items with your son's name. These are sample items for a Longhunter. You can get the complete list and other Outfit lists from the FCF Outfit Judging Forms on the National FCF website (<http://www.nationalfcf.com/>).

Suggestion: Send this list with your son to use when he is ready to leave Trace.

CLOTHING

- Shooters or Hunters frock (Medium weight Jacket)
- Drop front or French fly knee breeches made of heavy linen or homespun (Blue jeans)
- Plain shirt, simple made (linen, homespun, or lindsley/woolsey) No calico (two RR T-shirts)
- Woodland Moccasins, Shoe packs, (tennis shoes)
- Extra outfit (clothing)
- Red underwear – long johns (underclothing)
- Oilskin Frock (Poncho or raincoat)

PERSONAL ITEMS

- Toilet kit – soap in a case, toothbrush in a case, small tube of toothpaste, comb, towel, and wash cloth.
- Wool Blankets (Sleeping bag)
- Haversack (Dirty clothes bag)
- Bible (small RR OK)
- Quill Pen or pencil (Regular pen or pencil)
- Nessmuk Juice (Insect repellent)
- Corn Boiler & Spoon (horn, wood, or pewter) (Mess kit or plate, spoon, knife & fork)

OPTIONAL ITEMS

- Woolen matchcoat (Sweat shirt or sweater)
- Rope Bed (Air mattress and pillow)
- Throwing Knife (Pocket knife)
- Wool or Leather leggings (Sweat pants)



OHIO DISTRICT ROYAL RANGERS

INDIVIDUAL REGISTRATION FORM

Oct. 12-14, 2018
(DATE)

2018 Fall Trace
(NAME OF EVENT)

(This entire form MUST be filled out, turned in to your senior commander, and then brought with you to the District Royal Ranger event!)

PLEASE PRINT

NAME _____ AGE _____ OUTPOST NO. _____

ADDRESS _____ PHONE (____) _____

CITY _____ STATE _____ ZIP _____

CHURCH _____ CITY _____ PASTOR _____

NAME OF COMMANDER RESPONSIBLE _____

PARENT PERMISSION FORM

I hereby authorize _____ to accompany the Royal Rangers to a District Event. I understand the arrangements and feel that adequate precautions for the safety of my child, have been, and will continue to be taken. I will not hold the local church or its leaders, nor the District Staff, nor the Ohio District Council, Inc. of the Assemblies of God, responsible for any accidents. I understand insurance will be provided by the District and that there will be an emergency First Aid Station on location. Insurance coverage is a secondary coverage. All claims will go through the families primary provider first then will be sent through HCRC.

SIGNATURE _____ DATE _____
(Parent or Guardian)

EMERGENCY MEDICAL INFORMATION AND AUTORIZATION

This form must be signed by parent or guardian, and accompany the child to the event. The purpose of the form is to make it possible for parents and guardians to authorize the provisions of emergency treatment for MINOR Royal Rangers who may become ill or injured at a District Event. You can authorize such emergency treatment for your child, by completing this form:

I, _____ (Parent or Guardian) of _____ (city), _____ (state), the _____ (Father, Mother, Guardian) of _____ (name of child), a MINOR, WHO IS ATTENDING A ROYAL RANGERS DISTRICT EVENT, DO HEREBY GIVE MY CONSENT, IN THE EVENT THE ADMINISTRATION OF ANY TREATMENT DEEMED NECESSARY BY LICENSED PHYSICIANS, DENTISTS OR EMERGENCY PERSONNEL SERVING THE OHIO DISTRICT COUNCIL AT SAID EVENT. (SIGNED) _____

Home Phone(____) _____ Business Phone(____) _____ Doctor's Name _____ Phone (____) _____

CHILD'S MEDICAL HISTORY: Good Health? _____ Allergies? _____ Physical Impairments (Heart, Epilepsy, etc.)? _____ SPECIFY ANY MEDICATION THAT MUST BE ADMINISTERED: _____

Date last TETANUS shot: _____ ANY SPECIAL INSTRUCTIONS? (Use other side of necessary) _____

Dave Holbert's Address
838 Garrison Ln
Waverly, WV 26184
EM. Number: 304-679-5514

