

Boy Scout Troop 149

Pathway to Adventure Council Boy Scouts of America

Grant Pilgrimage Campout

April 24-26, 2026

Troop 149 will be heading to the Blackhawk Area Council's US Grant Pilgrimage taking place in beautiful Galena, IL! Join Scouts from around the region for an action-packed campout at the Pilgrimage, where you'll explore historical museums, witness blacksmithing demonstrations, and immerse yourself in a Civil War encampment. Our troop will also enjoy a variety of outdoor activities, including a fun parade, an exciting trail hike, and a challenging History Hunt. **Departure** will be from **Montessori School of Lemont (MSOL)**, 16427 W 135th St, Lemont, IL 60439, on **Friday, April 24th, at 5 pm**. Each scout will be returned to MSOL on Sunday, April 26th, before noon. The price includes all camping fees, transportation costs, activities cost, and food. When page 2 is signed and returned with your fee, you are signed up for the event.

**Please indicate on the permission slip portion how the fee is to be paid. If you choose to use Scout Funds, you must ensure funds are available in your account.

**** THE COST FOR THIS ACTIVITY IS: \$64 / scout**

Also, indicate on the permission slip if a parent will be attending the event. We welcome and encourage all parents to come along and join us on our troop adventures.

Campground - Vel Terra Campground, 1478 S Vel Terra Rd, Elizabeth, IL 61028

** Permission slips and payments are due no later than Tuesday, March 24th ** Fees are not refundable, except with the consent of the Troop Committee. If you have not provided alternate payment by the due date, fees will be deducted from Scout Funds. Scouts and leaders will need clothes appropriate for the weather. All Scouts are to wear class "A" uniforms to/from this event. Please remember that no cell phones or other electronics are allowed at the campout.

PLEASE REMEMBER TO PACK WEATHER APPROPRIATE CLOTHING!

Scoutmaster
Keith Nowakowski
Troop 149 Lemont
Mobile: 773-368-6584
scoutmaster@troop149lemont.org

Parent Permission Slip and Sign-up for Unit Activity Away from Normal Meeting Place

My Scout(s) _____ has/have permission to attend:

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Please check the option below in which your scout will participate:

_____ Scouts/Adults - \$64 per person

VENMO INFO
@Lemont Trooponefortynine
Last 4 digits of account
phone number: 5437



Scout Fee Paid \$ Cash () Check () Scout Bucks* () Venmo ()
Parent/Adult Attending \$ Cash () Check () Scout Bucks* () Venmo ()

Name of Parent/Adult Attending

If Parent/Adult is driving, how many Scouts total do you have seatbelts to transport? _____

Please indicate if you have submitted a driver insurance information form. Yes ()

NO () I will be certain my son is feeling well before permitting him to attend.

He should be restricted from: _____ - None ()

He is susceptible (or allergic) to: _____ - None ()

In case of emergency: (MUST BE FILLED OUT)

Name / phone #1: _____

Name / phone #2: _____

* Confirm with Scout Funds Administrator

Hold Harmless Agreement

I understand that participation in scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. **The parent / parents and siblings are not covered by the BSA insurance.**

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Parent Signature _____

Date _____