Boy Scout Troop 149
PTAC Scouting America

Webelos Recruitment
Bullfrog Lake Campout
November 6th- 8th, 2026

Troop 149 will be hosting its annual recruitment campout for the local Webelos and their families at Bullfrog Lake in Willow Springs. Our Scouts will have several activities such as fishing, magnet fishing, hiking, geocaching, 9-Square planned for our guests along with our usual campfire w/ skits and a Flag Retirement Ceremony in addition to our infamous Trash Can Turkey Dinner. **Departure** will be from Montessori School of Lemont (MSOL) on **Friday, November 6th at 5:00pm**. Each scout will return back to MSOL on Sunday, November 8th 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 Bucks, you must ensure funds are available in your account

THE COST FOR THIS ACTIVITY IS: $45 per person. $18 per family member.

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

Bullfrog Lake Campground, 9600 Wolf Rd, Willow Springs, IL, 312-636-9785

** Permission slips and payments are due no later than Tuesday, November 3, 2026**

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. After we arrive at the site you may change out of your uniform. Also, all Scouts are to wear class “B” uniforms during the day on Saturday. Please remember that no cell phones or other electronics are allowed at the campout.

Scoutmaster
Keith Nowakowski Troop
149 Lemont
Mobile: 773-368-6584
keithmtb@mac.com

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

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

Troop 149 – Bullfrog Lake Campground, 9600 Wolf Rd, Willow Springs, IL November 6th – 8th, 2026

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

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

venmo

____***Cost - $45 per person***

____***Cost - $18 per family member***

Scout/Sibling fee paid $ Cash ( ) Check ( ) Scout Bucks* ( ) Venmo ( )
Parent/Adult Attending $ Cash ( ) Check ( ) Scout Bucks* ( ) Venmo ( )

REMINDER: This is a Troop / Family Campout. All parents, brothers, sisters, grandparents, etc. are more than welcome to attend and join us for dinner, activities, and camping. Please remember to bring a camping chair for each individual attending as seating is limited at the campground.
Name(s) of Family Member(s) 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 _____