



Seminole Chapter Wilderness Skills Weekend

November 15-17, 2024

Outpost # \_\_\_\_\_ Church name \_\_\_\_\_

Church address \_\_\_\_\_

Contact name \_\_\_\_\_ Contact number \_\_\_\_\_

Please list attendees below; circle age group, advancement level, and trek participation.

Last Name	First Name	Age Group	Advancement Level	Trek
		DR/AR/ER/L	NM/F/B/W	Yes/No
		DR/AR/ER/L	NM/F/B/W	Yes/No
		DR/AR/ER/L	NM/F/B/W	Yes/No
		DR/AR/ER/L	NM/F/B/W	Yes/No
		DR/AR/ER/L	NM/F/B/W	Yes/No
		DR/AR/ER/L	NM/F/B/W	Yes/No
		DR/AR/ER/L	NM/F/B/W	Yes/No
		DR/AR/ER/L	NM/F/B/W	Yes/No
		DR/AR/ER/L	NM/F/B/W	Yes/No
		DR/AR/ER/L	NM/F/B/W	Yes/No

\*DR = Discovery Ranger, AR = Adventure Ranger, ER = Expedition Ranger, L = Leader

\*NM = Non-member, F = Frontiersman, B = Buckskin, W = Wilderness

Number attending \_\_\_\_\_ X \$20 = \_\_\_\_\_

Only cash or check will be accepted on site. Make checks payable to FLORIDA RANGERS.  
Each participant must have a medical form on site, in their camp.

Outpost Coordinator name: \_\_\_\_\_ Signature: \_\_\_\_\_

Lead Pastor name: \_\_\_\_\_ Signature: \_\_\_\_\_