



ORDER OF THE ARROW INVITES YOU TO THE

MANDAN FALL RENDEZVOUS

OCTOBER 14, 15, 16TH 2016

**** Open to all Tigers , Cubs, Webelos, Boy Scouts, Venturers and
their friends/siblings***

PLACE: Mandan Scout Camp, Dodge City, Ks.

COST: \$15 for the Event, includes patch and activity supplies. Cost is to each youth and adult attending. Fee goes up to \$20 after October 3rd, 2016!

SATURDAY LUNCH: Will be provided at no extra cost!!

SATURDAY NIGHT FEAST/DINNER is a **potluck**, with each Troop/Pack cooking in their campsite and bringing to the Dining Hall for a shared supper. Plan on ample food for your number of persons plus a few extra! All other meals are cook on your own.

Tigers, Cub Scouts, and Webelos MAY COME FOR SATURDAY ONLY, OR COME FRIDAY AND SATURDAY NIGHTS FOR CAMPING ALSO. ALL MEALS EXCEPT FOR SATURDAY LUNCH ARE TO BE COOKED ON YOUR OWN. THE DORMS ARE ALSO OPEN FOR WHOEVER WANTS TO SLEEP INSIDE. *Cost for Dorms is \$40 extra per room or \$20 per night, each room sleeps 4.*

**FUN ACTIVITIES RELATED TO MOUNTAIN MEN
RENDEZVOUS WILL OCCUR ALL DAY SATURDAY, CHECK IN
STARTS Friday at 7:00 PM, and Saturday 8:00 AM, WITH THE
EVENTS STARTING AT 9AM on Saturday.**

COULD INCLUDE: ARCHERY, TOMAHAWKS, INDIAN DANCES, INDIAN NECKLACES, CHEROKEE-OBSTACLE COURSE, GPS GEOCACHING, FIRE-STARTING, PIONEER GAMES, BUFFALO CHIP THROWS.

Additional details & schedule will be at a later date.

Please Contact Karen Nonhof at 620-271-8952 or
artnonhof@sbcglobal.net for more information

Mandan Fall Rendezvous 2016

Please mark what days you are attending!!

Friday_____ Saturday_____ Sunday_____

Scout Registration

Unit # and Type _____ MAIN CONTACT ADULT'S NAME: _____

ADDRESS _____ CITY/ZIP _____

PHONE _____ EMAIL _____

Unit Registration

Please fill in below or attached your own roster: Unit # _____

Youth Names: (Please Print) Age Rank

Youth Names: (Please Print) Age Rank

Adult Names

Adult Names

Youth attending: # _____ + Adults attending: # _____ = Total attending: # _____

_____ To Register X Event Cost \$ 15.00 = \$ _____

_____ Dorm room(s) \$20 per night = \$ _____

Payment Method:

_____ Check is enclosed Visa/MC/AMX _____ Exp. Date _____ CVC Code: _____

Name as it appears on card: _____ Signature _____

Please take payment from our unit Account: Authorized by _____

Mail: Santa Fe Trail Council, 1513.5 E. Fulton Terrace, Garden City, KS 67846 Fax 620-275-6508

Scan and Email: santafetrail@scouting.org