

JOHN FENWICK

CHAPTER TRACE



Mt. 24:4 - 5

April 30th & May 1st - 3rd

Camp Blueberry - Hammonton, NJ



John Fenwick Chapter

FRONTIERSMEN CAMPING FELLOWSHIP

Hello, All.

Warm Christian greetings to my fellow John Fenwick Young Bucks, Old-Timers, and Grey Beards. I pray all is well with you and yours. The 2026 Trace is scheduled for April 30th & May 1st - 3rd. I hope you have started to pray for another incredible move of the HOLY SPIRIT, our speaker(s), and great weather. The LORD is getting our guest speaker(s) "Ready" for a SPIRIT-Filled weekend as well as giving me a theme of "Do Not Be Deceived" for this year and the Scripture verse is Mt. 24:4 - 5.

*I am encouraging all of our Frontiersmen that are eligible to advance to Buckskin to pray about making this step at the Trace. GOD wants us to keep growing and advancing in everything we want to achieve. Those Frontiersmen wishing to advance to Buckskin should download from the FCF National website an application and workbook at <http://www.nationalfcf.com/FCF-Forms> - <http://www.nationalfcf.com/FCF-Experience-Workbooks>, complete both and mail them to Josh "Red Owl" Gill at - 1200 Little Gloucester Road - Apartment #2206 - Clementon, NJ 08021 before **March 31st**. Please have your Sectional Rep review for proper completion prior to mailing them. The cost is ten-dollars (\$10.00) and is due and payable at the Trace. If not "Ready" this year download them for your advancement next year.*

*New Member applicants should download from the FCF National Website an Application along with the workbook at <http://www.nationalfcf.com/FCF-Forms> - <http://www.nationalfcf.com/FCF-Experience-Workbooks> and start working on the requirements. I am asking all the Sectional FCF Reps and Commanders to get the word out to their Section that the applications **must be** reviewed for completeness by the Sectional FCF Rep prior to sending them to me. All new Member applications are due to me with a twenty-five (\$25.00) dollar deposit no later than **March 31st**. Make checks payable to **NJMN** and put **FCF** on the memo line. After they are reviewed and accepted, I will send a letter which they "**MUST**" read very carefully. The remaining twenty-five (\$25.00) will be due at the Trace. My mailing address is - 603 Clarks Pond Road - Bridgeton, NJ 08302.*

*Remember **ALL** attendees eighteen (18) and older **must** have their Pastor sign-off on either the "Candidates' Application" or Current Member(s) on the "Dues and Registration Form". Thank you in advance for your cooperation.*

*We will be having a Chapter Scout competition this year. If you are a current Young Buck Member and will be under eighteen (18) at the Trace, you can compete. Please see the job description, qualifications, and application at <http://www.nationalfcf.com/FCF-Forms>. I look forward to having a good competition this year. Applications and reference forms can be sent to Josh "Red Owl" Gill at: 1200 Little Gloucester Road, Apartment #2206, Clementon, NJ 08021 before **March 31st**.*

*Please note that the deadline for all applications is **FINAL** and **NO** exceptions will be made. If there is a question about the timing of a merit or training event, please contact me **PRIOR TO** the deadline so we can discuss the situation.*

I know the Trace can be expensive, so I am asking you to start saving up now. Just five-dollars (\$5) a week will be more than enough to cover the cost for everything if you start now.

*There is a workday on **April 25th** at **8 am** at Camp Blueberry. We need to trim some trees, cut the grass and briars, and "Ready" the camp for our Event. Please come out and help if you can, so we can accomplish everything needed.*

If you have any questions, please contact me any evening at 1-856-221-3731, on my cell phone at 1-856-776-1361, or by email at billybobr11@msn.com

I will be praying for you that you will have a great weekend. See you at the "BIG ADVENTURE".

To Give and To Serve

*Bill "Eagle Eye" Rieger
FCF President*



John Fenwick Chapter

FRONTIERSMEN CAMPING FELLOWSHIP

“TRACE SCHEDULE”

THURSDAY

Early arrival Everyone on their own

FRIDAY

9:00 am to dark Set up camp

Noon Lunch on your own

5:15 pm **Candidates’ registration at the trailer**

5:30 pm **Candidates’ leave trailer for “Adventure”**

5:45 pm **Candidates meet the President and Chapter**

6:20 pm - 7:05 pm **Candidates’ supper with Chapter and tent set-up**

7:15 pm **Candidates’ “Adventure Class”**

8:15 pm Friendship fire for ALL

Immediately after Friendship Fire - FCF Staff Meeting at the President’s Lodge
(All Staff and Sectional Representatives)

11:00 pm Candles low - Quiet time

SATURDAY

6:30 am Rise and Shine!

7:00 - 9:00 am Breakfast for Members’

7:00 am **Candidates’ breakfast with Sponsor’s**

7:45 am **Candidates’ meet with President**

8:00 am Members’ registration at President’s Lodge
with the Scribe

8:00 am **Candidates’ “Adventure Classes” begin**

9:30 - noon Members’ competitions start

See “Members’ Competition Schedule”

Members’ demonstrate their trade(s)

Noon - 12:50 pm **Candidates’ lunch with Sponsor’s**

Noon - 1:30 Lunch for Members’

1:00 - 2:40 pm **Candidates’ classes resume**

1:30 - 3:00 pm Competitions for Members’ resumes

Members’ demonstrate their trade(s)

2:45 - 4:00 pm **Candidates’ finish leather and bead projects**

3:15 - 4:00 pm Seneca Run

4:00 - 5:00 pm **Candidates’ build council fire**

4:00 - 5:30 pm Business Meeting for all Members’ & Missions Auction

6:00 - 7:30 pm **Candidates’ dinner with Sponsor’s**

7:30 - 8:30 pm **Candidates’ work on projects**

8:30 - 9:00 pm Praise and Worship

9:00 pm Friendship Fire service for ALL

11:00 pm Candles low - Quiet time

Sunday

6:30 am Rise and Shine

7:00 - 9:00 am Breakfast and Clean-up

Candidates’ breakfast with Sponsor’s

9:00 - 10:30 am Awards & Candidates’ Induction

10:30 - 11:30 am Church Service and Communion

11:30 am Closing remarks and prayer

Noon Break camp

Bold Items are for Candidates



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FRONTIERSMEN CAMPING FELLOWSHIP

"CANDIDATE CLASS SCHEDULE"

Classes held in the Village
Friday - Fifty (50) minute class
Saturday - Forty-five (45) minute classes
Five (5) minute break in-between for moving to the next class

All Candidates' MUST attend ALL classes

Subject to Change

<u>Classes</u>	<u>Group(s)</u>	<u>Times</u>	<u>Section/Member(s) Running</u>
<u>Friday</u>			
Choker and Leather	All	7:15 pm - 8:05 pm	Cmdr. Josh "Red Owl" Gill
<u>Saturday</u>			
Black Powder (Demonstration)	All	8:15 am - 8:45 am	Range Officers
Knife Throwing	1	9:00 am - 9:45 am	Southern Section
	2	9:45 am - 10:30 am	
Hawk Throwing	2	9:00 am - 9:45 am	West Central Section
	1	9:45 am - 10:30 am	
Outfits	All	10:35 am - 11:20 am	Staff
Lunch (Camp Safety & Sanitation)	All	Noon - 12:50 pm	Chapter Members'/Sponsor's
Flint and Steel	1	1:00 pm - 1:45 pm	East Central Section
	2	1:55 pm - 2:40 pm	
Shelters	2	1:00 pm - 1:45 pm	West Central Section
	1	1:55 pm - 2:40 pm	
Choker and Leather	All	2:45 pm - 4:30 pm	Finish projects in Candidate area

**We appreciate any additional help with the teaching of classes and/or running of competitions especially RSO's for the range*



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FRONTIERSMEN CAMPING FELLOWSHIP

"MEMBERS' COMPETITION SCHEDULE"

Subject to Change

<u>Classes</u>	<u>Times</u>	<u>Section/Member(s) Running</u>
<u>Saturday</u>		
Black Powder	9:30 am - Noon 1:30 pm - 2:30 pm	All Range Officers
<u>Bring your own rifle and supplies</u>		
Flint & Steel	9:30 am - Noon	East Central Section
Horn Blowing	9:30 am - Noon	Northern Section(s)
Outfits	9:30 am - Noon	FCF Staff Members'
Knife Throwing	11:00 am - Noon 1:30 pm - 3:00 pm	Southern Section
Hawk Throwing	11:00 am - Noon 1:30 pm - 3:00 pm	West Central Section
Archery	11:00 am - Noon 1:30 pm - 3:00 pm	Northern Section(s)
Seneca Run	3:15 pm - 4:00 pm	Northern Section(s)

Members' are asked to demonstrate their trades for one (1) or two (2) hours on Saturday

"TRACE NOTES"

*All Fires **MUST** be in a raised drum at least six inches (6") off the ground
The New Jersey Fire Service permits NO ground or pit fire*



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FRONTIERSMEN CAMPING FELLOWSHIP

"DUES PAYMENT FORM ONLY"

Dues are twenty-dollars (\$20) per year for Old Timers and Grey Beards (Eighteen (18) years old and older) and fifteen-dollars (\$15) per year for Young Bucks (Under eighteen (18) years old).

They are due and payable by or at the Spring Trace each year.

Name: _____ Birthdate: _____ Date: _____

FCF Level (Circle One): Frontiersman Buckskin Wilderness

FCF Name (Buckskin and Wilderness Members Only): _____

Induction Year: _____ Outpost Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone/Cell (Please circle): _____ Email: _____

Back Dues' Year(s): _____ Outpost Number: _____

_____ Young Buck Dues (Under eighteen (18) years old) \$15./year

_____ Old Timer Dues (Eighteen (18) years old or older) \$20./year

Year(s) _____ X \$ _____ = _____

If you will not be attending the Trace please complete this form and mail it along with your check payable to NJMN with FCF on the "Memo Line" to:

Bill Rieger
603 Clark's Pond Road
Bridgeton, NJ 08302

For Office Use Only

Cash/Check Number: _____ Credit to: _____



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FRONTIERSMEN CAMPING FELLOWSHIP

"Dues & Trace Registration"

The dues are twenty-dollars (\$20) per year for Old Timers and Grey Beards (Eighteen (18) years old and older) and fifteen-dollars (\$15) per year for Young Bucks (Under eighteen (18) years old). They are due and payable by or at the Spring Trace each year.

Name: _____ Birthdate: _____

FCF Level (Circle One): Frontiersman Buckskin Wilderness Induction Year: _____

FCF Name (Buckskin and Wilderness Members Only): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone/Cell (Please circle): _____ Email: _____

Year: _____ Outpost Number: _____

_____ Young Buck Dues (Under 18 years old)	\$15./year	\$_____
_____ Old Timer Dues (18 years old or older)	\$20./year	\$_____
_____ Trace Registration	\$30 chartered; \$35 unchartered	\$_____
_____ Buckskin Adventure (If Applying)	\$10.	\$_____
_____ Extra Trace Patch(es) \$3.50 - 2/\$6.00		\$_____
_____ Total Due		\$_____

Pastor's Certification for Adult Church Worker eighteen years old and older (18+) attending the Spring Trace:

I am personally acquainted with the adult applicant, and in my opinion, he is a competent and qualified youth worker. I know of no facts or allegations that raise any questions concerning his suitability for working with minors at any Royal Rangers Event and/or Activity. My signature below indicates that this Commander has made a steady commitment to the Church, Outpost, and that the church has on file the applicant's "Youth Workers Screening Form". An Adult Leader is considered a person eighteen (18) years of age or older.

Pastor's Signature: _____ Date: _____

Print Name: _____ Phone: _____

Complete this form and turn it in at Trace or mail it, along with your check made payable to NJMN and FCF on the memo line to:

Bill "Eagle Eye" Rieger - 603 Clarks Pond Road - Bridgeton, NJ 08302

For Office Use Only:

Cash / Check Number: _____ Credit to: _____



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“Knife, Hawk, and Black Powder Permission Form”

I am the parent or guardian of _____ who is a Member of the Royal Rangers Ministry. I give him permission to sell, trade, give, receive, barter, and have in his possession during any FCF Event, any knife and/or black powder firearm as is appropriate for this type of historical reenactment activity.

Please consider this document as written consent for my son _____ to participate in any of the Frontiersman Camping Fellowship Activities which include black powder rifle loading and shooting, knife and hawk throwing, flint and steel - fire starting, frontiersmen crafts, workshop classes, and any other Activities conducted. I will hold harmless any and all Leaders and/or Officers of any unforeseen accidents, even though great care for safety is always taken.

Signature of Parent or Guardian: _____ Date: _____

If you do not want your son to participate in any of the above Activities please

list: _____

Signature of Parent or Guardian: _____ Date: _____

If you are under the age of eighteen (18), you must have this form signed by your parents or guardian in order to participate in the above-mentioned Activities at the Trace and/or Rendezvous.

Parent/Guardian please complete:

Name of Minor: _____

Name of Parent completing form: _____

Address: _____

City: _____ State: _____ Zip: _____

Home/Cell phone (Please circle): _____ Work phone: _____

Age: _____ Birth Date of minor: _____



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"MEDICAL FORM"

Full Name: _____ Birthday: _____ Grade: _____ Boy: _____ Leader: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home/Cell phone (Please circle): _____ Email Address: _____ Commander: _____ Boy: _____
 Father/Guardian: _____ Home/Cell phone (Please circle): _____ Email: _____
 Mother/Guardian: _____ Home/Cell phone (Please circle): _____ Email: _____
 Emergency Contact: _____ Relationship: _____ Home/Cell phone (Please circle): _____

HEALTH HISTORY

NOTE: Has the applicant experienced any of the following?

Check either "Yes" or "No" - If "Yes" explain under "Remarks and Medical Facts We Should Know"

Sinus condition	<input type="radio"/> YES <input type="radio"/> NO	Shortness of breath	<input type="radio"/> YES <input type="radio"/> NO	Exposed to ANY infectious Disease in last three (3) weeks - (List Below):
Ear problem	<input type="radio"/> YES <input type="radio"/> NO	Skin infection	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Lung problem	<input type="radio"/> YES <input type="radio"/> NO	Hearing difficulty	<input type="radio"/> YES <input type="radio"/> NO	Hepatitis in the past six (6) months
Heart trouble	<input type="radio"/> YES <input type="radio"/> NO	Bad eyesight	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
High blood pressure	<input type="radio"/> YES <input type="radio"/> NO	Wear eyeglasses?	<input type="radio"/> YES <input type="radio"/> NO	Any disorder preventing strenuous activity? (List Below)
Allergy - Asthma	<input type="radio"/> YES <input type="radio"/> NO	Wear contact lenses?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Fainting or dizzy spells	<input type="radio"/> YES <input type="radio"/> NO	Any medical care in the past year? (List Below)	<input type="radio"/> YES <input type="radio"/> NO	Taking prescription medicine? (List Below)
Diabetes	<input type="radio"/> YES <input type="radio"/> NO	Any surgery within the past year? (List Below)	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Appendix removed	<input type="radio"/> YES <input type="radio"/> NO	Special diet required?	<input type="radio"/> YES <input type="radio"/> NO	Any reaction to drugs or medicine of any type? (List Below)
Dental appliances	<input type="radio"/> YES <input type="radio"/> NO	Swimming Level:		<input type="radio"/> YES <input type="radio"/> NO
Home Sickness	<input type="radio"/> YES <input type="radio"/> NO			Sleepwalking <input type="radio"/> YES <input type="radio"/> NO
Swimming	<input type="radio"/> YES <input type="radio"/> NO			

Please List Below the Following:

Food, Drug, and/or other Allergies: _____

I am currently taking the following medications: _____

Medicine(s) I AM NOT taking for this Event: _____

Remarks and Medical Facts We Should Know:

Add or use the back of the sheet if needed for ANY other information and/or details for all the above questions!

Please initial if shot(s) are up-to-date: _____

If shot(s) given within the last six (6) months list date(s) on back:

Tetanus ____ / ____ / ____

Insurance Carrier: _____ Expires: _____

Subscriber: _____ Type: _____

Policy #: _____ Group #: _____

Doctor: _____ Phone #: _____

Inoculation, Vaccination, and Insurance Information:

Permission to Possess Epi Pen/inhaler:

I verify that my son has the knowledge and skills to safely possess and use the identified medication(s) in a camp and/or event setting. I give permission for my son to keep the above-described epi-pen and/or inhaler in his possession at a camp/event. I will also provide an extra epi-pen and/or inhaler that will be kept in the camp Health Center for emergencies - (Camp setting Only).

Permission for my son to possess and use: ____ Epinephrine Auto-Injector ____ Asthma Inhaler

X

PARENT'S/GUARDIAN'S SIGNATURE

DATE

MEDICAL TREATMENT AUTHORIZATION

I/We understand that I/We will be notified in case of a medical emergency. However, in the event that I/We cannot be reached, I/We authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I/We understand that the Royal Rangers will not be responsible for medical expenses incurred but that such expenses will be my/our responsibility as parent/guardian.

I/We have completed the medication information and it is accurate to the best of my/our knowledge. I/We also give permission for such emergency diagnostic, therapeutic, and operative procedures as deemed necessary.

Signature of Parent(s)/Guardian(s)/Leader: _____ Date: _____



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FRONTIERSMEN CAMPING FELLOWSHIP

"DIRECTIONS TO CAMP BLUEBERRY"

(GPS 39.571075, - 74.783151)

Creek Road - 08330

Cmdr Bill "Eagle Eye" Rieger - 1-856-776-1361

From The New Jersey Turnpike

Take the US-206 exit, EXIT 7, toward Bordentown/Trenton. Turn **Left (L)** onto US-30 - South White Horse Pike. Turn slight **Right (R)** onto Weymouth Rd/CR-640. Continue to follow Weymouth Rd/CR-640, after a couple of miles it turns into Rt. 559 South. After you go over the AC Expressway overpass, about a half (1/2) mile, you will make a **Left (L)** onto Creek Road (Gravel), turn **Right (R)** after a one and a half (1.5) miles - Camp is on the **Right**.

From the Garden State Parkway Heading South

Short Cut: (For Skip and John)

Get off at the Galloway Service Plaza. As soon as you enter the plaza you can make a quick **Left (L)**, then another **Left (L)** to exit the Parkway. Go to the "T" and turn **Left (L)** onto Jimmie Leeds Road. Follow Jimmie Leeds Road to Route 30. Take 30 West, when you see DiDonato's Bowling Alley on the **Right**, Turn slight **left (L)** onto Moss Mill Road - CR-561 then take the **1st Left** onto Weymouth Road - CR- 640. Continue to follow Weymouth Road, after you go over the AC Expressway overpass, about a half-mile, you will make a **Left (L)** on Creek Road (Gravel), turn **Right (R)** after a one and a half (1.5) miles - Camp is on the **Right**.

From Northeast NJ - Sure Thing

Take the Parkway **South** to the Atlantic City Expressway going West. Take **Exit 12** off the Expressway. After the toll, turn **Left (L)**, then **Right (R)** onto Route 322 West. Stay on Route 322 West to CR-559 **North**. Right after the bridge bear **Left** to stay on CR-559. About three (3) or so miles, make a **Right (R)** onto Creek Road (Gravel). Turn **Right (R)** after a one and a half (1.5) miles - Camp is on the **Right**.

From the Garden State Parkway Heading North from Cape May Area

Take the Garden State Parkway to Atlantic City Expressway West. Take **Exit 12** off the Expressway. After the toll, turn **Left (L)**, then **Right (R)** onto Route 322 West. Stay on Route 322 West to CR-559 **North**. Right after the bridge bear **Left** to stay on CR-559. About three (3) or so miles, make a **Right (R)** onto Creek Road (Gravel). Turn **Right (R)** after a one and a half (1.5) miles - Camp is on the **Right**.

From Southwest NJ

Take the Atlantic City Expressway to Exit 28. After the toll, make a **Left (L)**, go to the first traffic light and make a **Right (R)** onto "2nd Road". Three (3) miles down - turn **Right (R)** onto Route 559 South. After you go over the Atlantic City Expressway overpass, about a half (1/2) mile, you will make a **Left (L)** onto Creek Road (Gravel) after one and a half (1.5) miles - Camp is on the **Right**.

From Southern Section

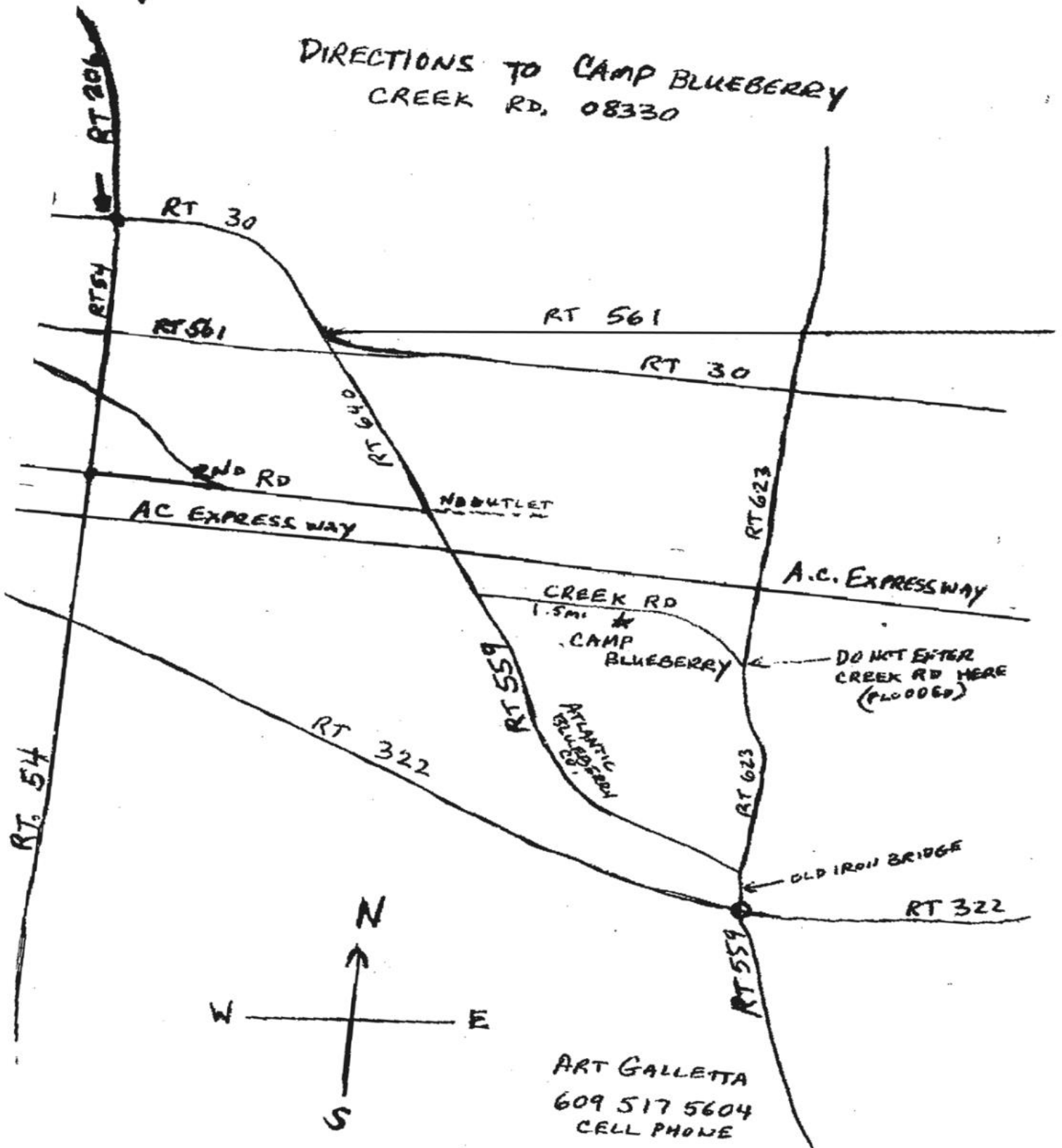
Pick-up Route 54 North in Buena. Right after the Atlantic City Expressway ramp, make a **Right (R)** at the first light onto "2nd Road". Three (3) miles down - turn **Right (R)** onto Route 559 South. After you go over the Atlantic City Expressway overpass, about a half (1/2) mile, you will make a **Left (L)** onto Creek Road (Gravel) after one and a half (1.5) miles - Camp is on the **Right**.



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DIRECTIONS TO CAMP BLUEBERRY CREEK RD, 08330



ART GALLETTA
609 517 5604
CELL PHONE

Do Not Call Art - Call Commander Bill if needed



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FRONTIERSMEN CAMPING FELLOWSHIP

