

Minutemen Chapter



2025 Spring Trace



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Spring Trace

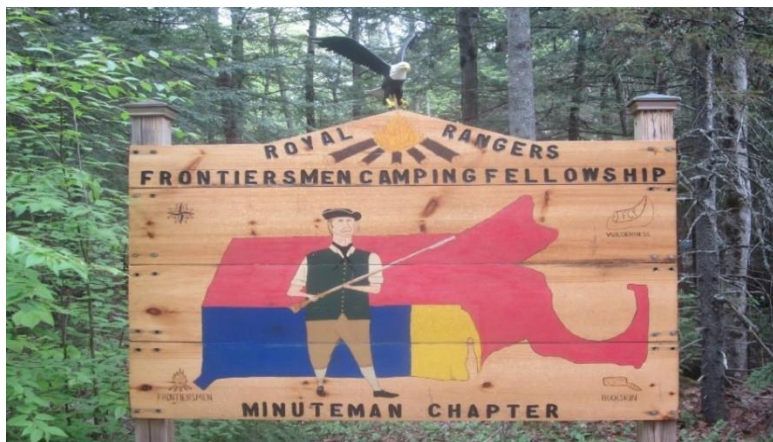
Are you looking for fellowship? Are you looking for adventure?
Come Join the Frontiersmen Camping Fellowship!

We will host a Frontier Adventure for new members and we want you to be part of it.

- The Adventure is for any boy 11 years old or older that have completed 5th grade and any leader over 18 that meets the requirements. (See attached applications)

Learn what it was like to be part of the 1700's frontier by learning the various skills needed for the frontiersmen to survive: fire making with flint and steel, hawk and knife throwing, you will also learn what it means to be a torchbearer for Christ.

- All current chartered members are encouraged to come to fellowship and welcome our new members.
- There will be an area for "modern" camping if you don't have a shelter.
- We will be having the Buckskin Challenge, so if you've been a Frontiersmen for a while and want to advance to the next level now is the time!



*Southern New England Ministry Network
Minutemen Chapter*



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General information for those applying for membership

1. Fill out the Frontiersmen Application packet
2. Cost: \$50
 - a. Check made out to: SNEMN Royal Rangers
 - b. Memo: FCF
3. Deadline: **Must be postmarked by April 15 No Exceptions**
4. **Mail application, all applicable forms, and check to:**
SNEMN Royal Rangers 18 Cart Rd, New Haven, CT 06512
5. Meals will be provided by your sponsor
6. What to bring:

a. Outdoor clothes: shirt, jeans, socks, outdoor shoes	h. Sharp pocket knife
b. Undergarments	i. Notebook
c. Poncho (must)	j. New Testament
d. Sleeping bag/pillow	k. Candle and flashlight
e. Toiletries	l. Matches
f. Canteen/Water bottle	
g. Pencil/Pen	

Buckskin Applicants:

- If you are interested in advancing to Buckskin, applications can be downloaded from nationalfcf.com/FCF-Forms
- Be sure to contact our Buckskin Representative Abe Martinez at abe8217@gmail.com
- Mail your applications by April 15
- Cost \$ 20.00

Chartered FCF members

- Individual Cost \$25.00, 2nd Family Member \$20, 3rd Family Member \$15, and so on.
- **Everyone attending must complete the Medical Form.**
- **Young bucks must complete the Permission Slip and the Knife & Black Powder Permission Slip.**
- **Everyone over 18 needs a signed Supervisory Form to be in camp.**
- **Each candidate must have a sponsor**

What to look for in a sponsor:

- 1. Someone who is already an FCF member in good standing with the chapter**
- 2. Someone who can dedicate time to spend with you and guide you through the adventure**
- 3. Someone older than you (preferably at least 15 years older)**
- 4. Someone who is humble and truthful**
- 5. A good Christian role model**

Sponsor responsibilities include:

- 1. Feeding their candidate for every meal during the Adventure**
 - 2. Spending time mentoring the candidate going through the work book and scripture memorization**
 - 3. Already a member of FCF in good standing with the chapter**
 - 4. Meet with FCF chapter staff to discuss a frontier name for the candidate, to discuss how the mentorship went and to discuss the candidate's time at the Adventure**
- *Optional: acquire a frontiersman gift for the candidate to help them start their time in FCF. Some examples include: lantern, chair, article of clothing, cast iron cookware etc.**

A complete FCF Mentors Guide can be downloaded from

<http://www.nationalfcf.com/files/workbooks/FCF%20Mentors%20Guide.pdf>

You must also download the Frontiersman workbook to start working on with your sponsor, that work book can be downloaded here

<http://www.nationalfcf.com/files/workbooks/Frontiersmen%20Workbook%202023.pdf>

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Schedule

Friday

- 3:00 PM Early arrival and set up – Currant FCF members
- 6:30 PM Applicants Arrive
- 7:00 PM The Trailhead
- 7:30 PM Opening Ceremony / Frontier Adventure begins – All FCF brothers
- 8:00 PM Dinner
- 8:30 PM Company Clerk / Chapter Scribe - Purchase Items
- 9:00 PM Chapter Craft Item (Bead Activity)
- 10:00 PM Nighttime Activities

Saturday

- 7:00 AM Breakfast
- 8:00 AM Morning Devotion – All FCF brothers / Scripture Recitation (bead activity)
- 8:30 AM Camp Safety & Sanitation
- 9:00 AM Hawk Throwing, Knife Throwing, Flint & Steel
- 12:00 PM Trappers Brigade Session
- 12:30 PM Lunch
- 1:00 PM Buckskin Challenge
- 6:00 PM Dinner
- 7:30 PM Frontier Adventure Ceremony – All FCF brothers
*New Frontiersman may leave following the Ceremony

Sunday

- 7:00 AM Breakfast
- 8:30 AM Devotion – All FCF brothers
- 9:00 AM Closing / Pack up and go home

FCF STYLE PAINTBALL!



What does that mean? It means bring your paintball gear and get ready for some unique gameplay. No hoppers or magazines. Special gameplay and rules designed by Sandflea. If you don't have gear we have 3 full sets available and extra paint. Bring your air tank filled and your own paintballs if you have them.

Rules and notes:

- Full paintball masks only for head and face protection.
- We cannot do air fills so if you bring a tank bring it filled.
- Bring clothes to play in that are not part of your FCF outfit.
- No hoppers/no magazines
- Round balls only
- No full auto
- Contact Sandflea with any questions scooper3098@gmail.com



Frontiersmen Camping Fellowship

FCF Membership Application



Name _____ Birthdate _____ (mm/dd/yyyy)

Address _____

City _____ State _____ Zip Code _____ Email _____

Home Phone _____ Business Phone _____

Church _____ Church Phone _____

Church Address _____ Outpost # _____

Activities in church other than Royal Rangers _____

Present Royal Rangers Position

- | | | |
|--|---|--|
| <input type="checkbox"/> Group Leader | <input type="checkbox"/> Asst. Group Leader | <input type="checkbox"/> Outpost Coordinator |
| <input type="checkbox"/> Asst. Outpost Coordinator | <input type="checkbox"/> Outpost Committee | <input type="checkbox"/> Outpost Chaplain |
| <input type="checkbox"/> Adventure Ranger | <input type="checkbox"/> Expedition Ranger | <input type="checkbox"/> Pastor |

Membership Requirements

Boys Only

- Earn the following required skill merits: List date of completion for each
 - Camping: _____ First Aid Skills or First Aid/CPR: _____
- Graduate of the fifth grade? Y N Date of your 11th birthday: _____
- Are you an active member of your local chartered outpost? Y N

Leaders Only

- Complete the Ready and Safety Levels of the OLAL- Provide a copy of your Ready and Safety certificates with this application.
- Are you an active member of your local Chartered Outpost? Y N
- Are you presently a member in good standing in your church? Y N

Boys and Leaders

- Complete a Frontier Adventure.

Upon receipt of this application and fee, your chapter scribe will contact you concerning the date and location of the next Frontier Adventure.

PASTOR'S ENDORSEMENT/COMMENTS

Does the candidate live his life in a Christ-like manner? Please explain:

Pastor's Signature _____ Date: _____

Phone: _____ Email: _____

OUTPOST COORDINATOR'S ENDORSEMENT/COMMENTS

Outpost Coordinator's Signature _____ Date: _____

Phone: _____ Email: _____

Sponsor's Signature _____ Date: _____

Phone: _____ Email: _____

"Realizing that the goal of the Royal Rangers ministry is to evangelize, equip, and empower the next generation of Christ-like men and lifelong servant leaders, and that the Frontiersmen Camping Fellowship upholds this area in its fullness, and agreeing to live by the ideals set forth in the above requirement, I hereby submit my application for membership."

Applicant's Signature: _____ Date: _____

Application Fees (determined by chapter) _____

Mail application and fee to: _____

Chapter Use Only

Date received:	Amount paid:	Date information letter mailed:
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Frontiersmen Camping Fellowship

Buckskin Application



Name _____ Birthdate _____ (mm/dd/yyyy)
 Address _____
 City _____ State _____ Zip Code _____ Email _____
 Home Phone _____ Business Phone _____
 Church _____ Church Phone _____
 Church Address _____ Outpost # _____
 Activities in church other than Royal Rangers _____

Present Royal Rangers Position

- | | | |
|--|---|--|
| <input type="checkbox"/> Group Leader | <input type="checkbox"/> Asst. Group Leader | <input type="checkbox"/> Outpost Coordinator |
| <input type="checkbox"/> Asst. Outpost Coordinator | <input type="checkbox"/> Outpost Committee | <input type="checkbox"/> Outpost Chaplain |
| <input type="checkbox"/> Adventure Ranger | <input type="checkbox"/> Expedition Ranger | <input type="checkbox"/> Pastor |

Buckskin Requirements

Boys Only

- Earn the following required skill merit: List date of completion
 - Knife and Hawk: _____
- Earn at least (1) of the following skill merits: List date of completion

◦ Basketry: _____	◦ Pottery: _____	◦ Dutch Oven Cooking: _____
◦ Blacksmith: _____	◦ Metalwork: _____	◦ Hide Tanning: _____
◦ Carpentry: _____	◦ Woodwork: _____	◦ Animal Husbandry: _____
◦ Masonry: _____	◦ Leather Craft: _____	◦ Any Arrowhead Merit: Name: _____ Completed: _____
- Choose one:
 - Adventure Bronze Award Expedition Rangers E1 Award
 - Provide a copy of your certificate for verification with this application

Leaders Only

- Complete the Trained level of OLAL – Provide a copy of your Trained Certificate with this application
- Name of the boy sponsored into FCF membership: _____

Boys and Leaders

- Be an FCF member in good standing for one year. Date joined FCF: _____
- Earned Company Trapper award in Trappers Brigade. Date: _____
- Date and location of the Frontier Adventure you assisted in: _____
- Are you a member in good standing in your church? Y N
- Are you an active member of your local chartered outpost? Y N
- Complete a Buckskin Challenge.

Upon receipt of this application and fee, your chapter scribe will contact you concerning the date and location of the next Buckskin Challenge.

PASTOR'S ENDORSEMENT/COMMENTS

Does the candidate live his life in a Christ-like manner? Please explain:

Pastor's Signature _____ Date: _____

Phone: _____ Email: _____

OUTPOST COORDINATOR'S ENDORSEMENT/COMMENTS

Outpost Coordinator's Signature _____ Date: _____

Phone: _____ Email: _____

Sponsor's Signature _____ Date: _____

Phone: _____ Email: _____

"Realizing that the goal of the Royal Rangers ministry is to evangelize, equip, and empower the next generation of Christ-like men and lifelong servant leaders, and that the Frontiersmen Camping Fellowship upholds this area in its fullness, and agreeing to live by the ideals set forth in the above requirement, I hereby submit my application for advancement to Buckskin."

Applicant's Signature: _____ Date _____

Application Fees (determined by chapter) _____

Mail application and fee to: _____

Chapter Use Only

Date received:	Amount paid:	Date notified of Buckskin Challenge location and date:
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Permission Slip to Attend:

Spring Trace at Ranger Camp - 320 Raymond Street – Gardner, MA

➤ **This slip is due upon arrival**

Name: _____ Birth Date ____/____/____

Address: _____ City: _____ Zip: _____

Emergency contact person: _____ Relation: _____ Phone: _____ - _____

Other Phone numbers Phone: _____ - _____ Phone: _____ - _____

I grant permission for _____ to attend this event.

I understand that in the event that medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the Royal Rangers staff to secure medical services to provide the care necessary for my child's well-being.

Signature of Parent/Guardian: _____ Date: _____

Please list any medical allergies, medications being take, medical problems, or other pertinent information below;



Frontiersmen Camping Fellowship

Knife and Black Powder Permission Form



I am the parent or guardian of _____ who is a member of the Royal Rangers Program. I give, him permission to sell, trade, give, receive, or barter and have in his possession during any FCF event, any knife 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 Frontiersmen Camping Fellowship activities which include black powder loading and shooting, knife and hawk throwing, flint and steel - fire starting, frontiersmen crafts and workshop classes, and any other activities conducted.

Signature of parent or guardian

date

If you do not want your son, _____ participating in any of the above activities please list: _____

Signature of parent or guardian

date

If you are under the age of 18, you must have this form signed by your parent or guardian in order to participate in the above mentioned activities at the Trace and/or Rendezvous.

Parent please complete:

Name of minor _____

Name of Parent completing form: _____

Address: _____

City _____ State _____ Zip _____

Home phone and work phone: Home _____ Work _____

Age _____ Birth date of minor _____

Any Information we should know about:

Individual Medical Form

Health History and Medical Permission Form

One form per person (Must have a copy of this for every boy and man when you register at event/camp.)

Please print

NOTIFY IN AN EMERGENCY:

Today's Date _____

Name _____

Name _____

Address _____

Address _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

Phone () _____

Emergency Phone () _____

Date of Birth _____

Relationship _____

Grade _____ Parent Email Address _____

Ranger Outpost # _____ Church Name _____

City _____ State _____

Have you ever been treated for any of the following? If yes, check the box.

Please provide additional information about any items (checked Yes) to left.

- Heart disease
- Seizures
- High blood pressure
- Asthma
- Bronchitis
- Diabetes

Date of last Tetanus booster _____
(month and year)

Please identify any allergies, physical impairments or limitations: _____

Do you wear: (If yes, check the box.)

- Contacts
- Glasses
- Dental appliance

Please list any medications being taken: _____

IN THE EVENT HOSPITALIZATION IS NEEDED, PLEASE FILL IN BELOW

Name of Insured: _____
(POLICY HOLDER)

MEDICAL / HOSPITAL INSURANCE COMPANY: _____

POLICY OR CERTIFICATE NUMBER: _____

EMPLOYER: _____ EMPLOYER'S GROUP: _____

NUMBER: _____ SUBSCRIBER'S DATE OF BIRTH: _____

In case of emergency, I hereby give permission to the physician to render treatment. Should the physician deem necessary, I authorize hospitalization, anesthesia, surgery or injection of medication.

Signature (Parent, if minor) Date

Name of person to contact (Commander or Adult) on premises for information:



ACTIVITY SUPERVISORY CERTIFICATION FORM

This form is to be completed for all persons involved in the supervision or custody of minors while attending any District activity involving children and youth. It is being used to help the District provide a safe and secure environment for those children and youth who participate in our District sponsored program.

It is mandatory that any adult attending the event listed below have a background check by the church listed below. The church listed below will be the responsible party to ensure that this individual listed below has had a background check within the last 12 months of this event.

PLEASE PRINT CLEARLY:

Name of District Event: **FCF Frontier Adventure**

Date: **May 16 – May 18, 2025**

Your Name: _____

Church Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Church / Pastor's Email address: _____

Does your church have a written child abuse policy on file? YES NO

➤ **PASTOR'S CERTIFICATION OF CHURCH WORKER(S):**

I am personally acquainted with the above named person(s), and in my opinion is/are competent and qualified for work with minors. I know of no facts or allegations that raise any question concerning suitability for working with minors in the above stated District activity. Those named above have completed a screening application that is on file with this church.

Pastor's Signature of Affirmation* _____

Pastor's Email address _____

***Participation in this district event will be denied for those acting in a supervisory/custodial capacity if not signed by the Pastor.**