

Troop 205 presents our Scouts and Leaders

Montauk Fishing & Camping Trip

September 12-14, 2025

Due to popular demand from the Montauk Fishing Trip for several years – with mega volumes of fish being caught, an overnight camping trip back to the popular “Third House” in Montauk County Park – Reservation confirmed (formally the Theodore Roosevelt County Park), Montauk Highway, Montauk, NY 11954



Leaving:	Friday, September 12, 2025 <u>promptly at 5:30 pm</u> , from the Great River Fire House. Please arrive by 5:15 pm to pack the vehicles.
Itinerary:	We will arrive at the Montauk County Park at around 7:00 PM on Friday night and establish camp. Saturday, September 13 th , we will be fishing at Montauk Point on the Ebb Tide II – from 8:00am to 12noon, with Rank Advancement work and fun in the afternoon at the campsite. For dinner, we have a fish fry so you can eat your catch. Sunday, September 14 th , we depart the Montauk County Park to arrive back to the Fire House with an estimated 10:30am arrival time.
Cost:	The cost of the campsite, fishing trip, and Friday night Cracker Barrel and Saturday evening dessert will be \$90, payable to the Troop via Venmo, Zelle, Check, or Cash, with a <u>maximum of 60 on the fishing boat so the first paid reservations in go and closed after limit is filled.</u> An additional \$25. suggested amount, as determined by each Patrol, in cash only, and <u>not</u> to be included in your \$90. payment to the Troop. We'll be carpooling to minimize vehicles and conserve fuel – 5 minimum in total per vehicle.
Dress/Packing:	Class “A” Uniform for Friday and the return trip on Sunday. Class “C” or “B” on Saturday.
Troop policy	No Scouts bring Cell Phones. Leaders will have cell phones if any calls are necessary. Parents can reach us on the trip by reaching ASM Bobby Davis at 631-560-6098.
Sign me up!:	The first 60 paid reservations mailed in (first come, first served) with the permission form and \$90.00, with the cut-off by Saturday, August 30, 2025 – either emailed to: mbusinski@gmail.com mailed or delivered to Scoutmaster Mark Businski, PO Box 926 – 118 Widgeon Court, Great River, NY 11739.
Questions?	Contact Assistant Scoutmaster: Bobby Davis at 631-560-6098 – b808d16@yahoo.com , ASM JR Labbate at 631-926-0254 – jrlabbate@aol.com , ASM Dennis Traina at 516-903-9414 - dtraina@tragar.com , ASM Kevin Cordani at 631-739-3909 – steelsox05@gmail.com , or Scoutmaster Mark Businski at 631-807-2110 – mbusinski@gmail.com .

Reservation # Received _____

**Scout and Leaders Montauk Fishing and Camping
September 12-14, 2025 – Troop 205 Scout/Leader's Sign-up**

Troop Scouts Name(s): _____

_____ # of Troop Scouts Attending @ \$90.* = \$ _____

_____ # of Troop Leaders attending @ \$90.* = \$ _____

Total paid \$ _____



venmo

* Not including the suggested \$25. in cash at the September 9th Troop Meeting for Patrol food.

Date Submitted: _____ Cash _____ Checks #'s _____ Use available credit on account with Troop _____

Zelle to treasurer@t205.net _____ Venmo to @Troop-TwoOFive _____

Adult Leader Sign-up (if attending) Name: _____

If Leader attending, willing to drive? Yes _____ No _____

If willing to drive, Vehicle: Type: Sedan _____ SUV _____ Pick-up _____ How many total occupants (including driver) can you accommodate (# of seatbelts) for this trip, if adult is driving _____.

Required information for BSA Trip if driving: Driver's License #: _____

Insurance Coverage liability: \$ _____ per and \$ _____ total.

Auto Make: _____ Auto Year: _____ Auto Model: _____

Permission Form

I give my son(s) _____ permission to attend and participate in the Troop 205 Montauk Fishing and Camping trip – September 12-14, 2025.

I understand that all Scouts, Leaders, and drivers will be leaving with the Troop at 5:30PM on Friday and returning as a unit back to the Great River Fire House on Sunday morning, unless communicated as follows: _____

Emergency Phone: _____ Secondary Emergency Phone: _____

In the event of an emergency, I authorize the Tour Leader or Assistant Tour Leader to obtain emergency medical treatment for my son. My son is covered under the following health insurance information:

Plan: _____

Group: _____

Id: _____

My son has the following disability, which would impair his ability to participate in this trip: _____ (if none, please indicate). Please use back of form if more space is needed. Allergies, Medications or other information that the Scout Leaders should be aware of: _____

Parent's Name: _____

Parent's Signature: _____ Date: _____

Sign up deadline and complete payment due on Saturday, August 30, 2025
unless the 60 person maximum is reached prior to this date, as expected based on past history.
No refunds after the August 30th deadline date.