

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 permiss during any FCF event, any knife or black po	sion to sell, trade, give, re	eceive, or barter and have in his possession
reenactment activity.	was mappi	prime for any type of motorical
Pleas consider this document as written cons	sent for my son	
Pleas consider this document as written cons To participate in any of the Frontiersmen Ca	mping Fellowship activi	ties, which include black powder loading
and shooting, knife and hawk throwing, flint and any other activities conducted.	and steel – fire starting,	, frontiersmen craft and workshop classes,
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 in the above-mentioned activities at any FCF		ur parent or guardian in order to participat
Parents please complete:		
Name of minor		
Name of Parent completing form:		
Address		
City		
Home phone and work phone: Home	Work	
AgeBirth date of minor		
Any information we should know about:		