

Frontiersmen Camping Fellowship

Knife and Black Powder Permission Form

I am the parent or guardian of		
reenactment activity.		Print Name
Please consider this document as written con To participate in any of the Frontiersmen Ca loading and shooting, knife and hawk throwic classes, and any other activities conducted.	mping Fellowship activ	vities, which include black powder weapons
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		our parent or guardian in order to participate
Parents please complete:		
Name of minor		
Name of Parent completing form:		
Address		
City		Zip
	Work	
AgeBirth date of minor		
Any information we should know about:		

Every Boy Every Community