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This coming Saturday, January 16th at 2:00PM in Gaynor's backyard.

2886 Upper Mountain Rd., Sanborn, NY 14132

This will be an outdoor event. Scouts should dress for the weather & bring a lawn chair. Face Masks and Distancing will be required.

Please RSVP to Mrs. Gaynor if you are attending.

(If there is a Football Play off game on Saturday the event will be held on Sunday instead)

Please bring completed Covid Screening form with you

COVID-19 Screening Form for All In-Person Meetings & Activities

Greater Niagara Frontier Council, BSA

This form must be completed by all Scouts, volunteers, and family members who are present at any Scouting Activities or Meetings. Forms must be completed each day for multi-day events. The forms must be collected and maintained by the Unit Leadership for a minimum of three (3) years from the date of completion.

Name: _____

Scouting Role : ___Scout ___Leader ___Family Member

Unit # & Type: _____ District: _____

Activity: _____ Date: _____

___ I confirm that I have not experienced any symptoms associated with COVID-19 in the past 14 days, including:

- Fever (≥ 100.4 degrees Fahrenheit)
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

If you are experiencing any of these symptoms, contact your personal doctor.

___ I have discussed my symptoms with my doctor and have confirmation they are not related to COVID-19 (e.g. migraines, allergies, etc.)

___ I confirm that I have not tested positive for COVID-19 in the last 14 days.

___ I confirm that I have not been in close physical contact with anyone who is either confirmed or suspected to be infected with COVID-19 in the last 14 days. **If you are unable to confirm that you meet these criteria, you must immediately leave the Scouting activity.**