

2009 Cub Scout Camp

Dalhart

- What is it?** Cub Scout Camp is great time for Cub Scouts, presently in grades 1-4, and Kindergarten graduates who will be in 1st grade this fall, to have 2 fun-filled days of archery, shooting BB's, doing crafts, playing sports and games, and A WHOLE LOT MORE. You will gather on Friday afternoon with other friends from your den and pack and spend Friday evening and Saturday having fun. You will receive a FREE T-Shirt to help you enjoy the fun-filled activities that our volunteers have planned and new this year, a FREE Patch! Boys do not have to have been a Cub Scout prior to attending camp. In fact, camp is a perfect way to let boys "try on" Cub Scouting and sign them up in your Pack!
- When?** Friday, July 17 through Saturday, July 18. Camp opens at 5:00 p.m. on Friday for registration, gathering and program kick-off. Program activities will begin again at 8:00 am on Saturday and end at 2:00 pm
- Where?** Bowhunters Club. Hwy 385 to FM 281, west on Lake Drive, drive 1/4 mile and look for gate on left. The club is near Rita Blanca Lake, in Dalhart, Texas.
- Supervision?** At least one registered adult leader over 21 years of age and an additional adult must accompany each den/pack of 6-10 scouts. The camp will be operated by BSA-certified volunteer staff.
- Cost?** \$35 per scout if paid in full on or before June 26. Fee covers t-shirt, patch, and program supplies. If paid after June 26, you will not receive a free T-shirt but may be able to purchase one in the Trading Post if available. Fee is non-refundable, but can be transferred to another scout. Leaders attend camp at no cost. If they would like to purchase a T-shirt, they can do so on the registration form.
- Food?** Cubs are responsible for their own supper Friday night. More details will be given out on Friday evening.
- Registration:** Pre-registration is necessary. Contact your Cubmaster or Den Leader for details.
- Insurance:** Liability as well as Sickness and Accident Insurance are provided for all registered members and leaders of the Golden Spread Council, BSA.
- More Info?** Steve Knollenberg 580-338-2600 stevek.bsa@gmail.com.
- Application?** Please complete the information on the following pages and turn-in to your unit coordinator or Cubmaster.

Plan now to join the fun!

2009 Cub Scout Camp Individual Camp Application Form

Please complete ONE Form for each Youth, Adult Leader, and Me Too
Send application and payments to your unit coordinator or Cubmaster, not to the council office.

Youth Adult Me Too

Name _____

Address _____ City _____ Zip _____

Day Phone # _____ Emergency Phone # _____

Age _____ Date of Birth _____ Current Scout Rank _____

Pack # _____ Camp Attending/Location _____

Pre-Order T-shirts Here! One FREE shirt per Cub Scout and Staff Member.. Leaders order below!

Youth T-shirt sizes

Youth (10-12) Youth (14-16)
 Adult (Med) Adult (Large)

of additional Youth Shirts Ordered @ \$12.00 each: _____

Adults T-shirt sizes

Adult (Sm) Adult (Med) Adult (Lrg),
 Adult (2X) Adult (3X)

of additional Adults Shirts Ordered @\$12.00 each: _____

Camp Attending (Check One)

<input type="checkbox"/> Hereford.....June 10-13 <input type="checkbox"/> PerrytonJune 22-24 <input type="checkbox"/> Guymon June 25-27 <input type="checkbox"/> Camp M.K. Brown June 29-Jul 1	<input type="checkbox"/> Camp Don HarringtonJune 15-18 <input type="checkbox"/> Borger TwilightJune 22-24 <input type="checkbox"/> Memphis..... July 9-11 <input type="checkbox"/> Dalhart..... July 17-18
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Payment Summary

Total Camp Fees..... \$ _____
 Total # of Additional Shirts Ordered _____ @ \$12 = \$ _____
 Total Fees Due..... \$ _____

Pay by check, cash, credit card. Make checks payable to: Golden Spread Council, BSA

Camp fee paid by: ___ check ___ cash / Credit Card: ___ Visa ___ Mastercard ___ American Express

Card # _____ Expiration Date _____

Signature _____

Health History Form

This form must be completed for ALL Scouts and Adults who are staying at Camp

Please define the severity of any and all medical problems in full detail.

Have or subject to: asthma heart trouble

Have trouble with: eyes throat diabetes convulsions ears lungs

fainting spells nose digestion allergies (please list below)

Have reaction to any medication, food, or other? Please describe: _____

Any condition requiring medication? _____

Name and dosage of medication: _____

Any swimming or sport restrictions? _____

Any restrictions of activity for medical reasons? _____

Are all immunizations up-to-date? _____

Date of last tetanus shot or booster? _____

Parent authorization – must be signed!

This health history is correct as far as I know and the person herein described has permission to engage in all prescribed activities, except as noted by the physician and me. In the event I cannot be reached in an emergency, I hereby give my permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my child.

- Check here if there are special custodial arrangements for this child. Additional information will be requested in the future.

Signature: _____ Date: _____

IMPORTANT NOTICE:

This health form is required for admittance to Camp.

Trained Health Officers will be on duty at Camp to give assistance.

- Yes, I agree to allow my sons' photo to be used in publicity shots, newspapers and TV spots.

Send application and payments to your unit coordinator or Cubmaster, not to the council office.