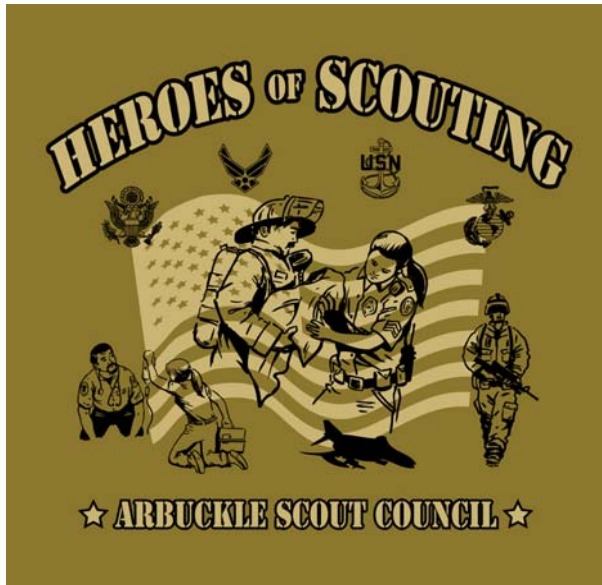


# Heroes of Scouting



**Family Camp**  
**October 16<sup>th</sup>, 17th 2009**  
**Camp Simpson,**  
**Bromide, Oklahoma**

# Heroes of Scouting

October 16<sup>th</sup>, 17th 2009  
Camp Simpson, Bromide, Oklahoma

All Registered Cub Scouts and their parents (guardians) and siblings are invited.

\$15 per person or families of 4 or more may pay a Family fee of \$50 (*must be immediate family.*)

Children under five years of age are free.

**Registration is from 6pm to 8pm Friday at Carlock Lodge.**

**The opening campfire starts at 9PM.**

**Events end around mid-afternoon on Saturday. If you stay the night Saturday night you will need to provide Supper Saturday and breakfast on Sunday for yourself.**

**What to bring:**

Tent, bug spray, snacks, flashlight, sleeping bag or bed roll, fishing pole, bait if going fishing, spending money for the trading post and food if you are staying the extra night on Saturday night.

**Important Info:**

- **NEW! Themed T-shirts are available to be pre-ordered for \$11 but must be turned in by Friday, October 2nd.**
- *Wear closed-toed shoes. If possible, wear Cub Scout uniforms for Friday night campfire.*
- *Campsites will be assigned. Please notify Ranger Gene if you are planning to stay Sat. Night.*
- *All members of your unit will camp in the same campsite. No call in requests, please.*
- *Meals are served in the Main Dining Hall. Fee includes snacks on Friday night, Breakfast and lunch on Saturday.*
- *Camp Simpson T-shirts, patches, soft drinks, and snacks will be available to purchase at the trading post.*



## Fall Family Camp 2009

Return this form to: Arbuckle Area Council, BSA, PO Box 5309, Ardmore, OK 73403

**NO REFUNDS.** Fee is transferable to spring 2010 Family Camp.

Cub Scout's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Pack # \_\_\_\_\_ Rank \_\_\_\_\_

**Registration fee of \$15 per person or \$50 per family must be included with this form.**

I have enclosed \_\_\_\_\_ fees at \$15 each

I have enclosed one family fee of \$50

**Deadline: Friday, Oct. 9th, 2009**

A late fee of \$5 per family will be charged for late reservations. Reservations will only be taken with payment (no phone calls.)

No t-shirt orders will be taken after October 2nd.

**PARTICIPANT ROSTER OF FAMILY MEMBERS ATTENDING:**

<u>Name</u>	<u>Adult or Child</u>	<u>Shirt size</u>	<u>other</u>
_____	<u>Adult / Child</u>	YM YL AM AL AXL	_____
_____	<u>Adult / Child</u>	YM YL AM AL AXL	_____
_____	<u>Adult / Child</u>	YM YL AM AL AXL	_____
_____	<u>Adult / Child</u>	YM YL AM AL AXL	_____
_____	<u>Adult / Child</u>	YM YL AM AL AXL	_____

**Health Information for Cub Scout: In Case of Emergency please notify:**

Name & Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Work# \_\_\_\_\_

**Does Cub Scout have difficulty with any of the following:**

Eyes  Ears  Nose  Lungs  Throat  Digestion

**Check if Cub has or is subject to:**

Allergies  Asthma  Heart Problems  Convulsions  Diabetes  Fainting

Reaction to Medication (name) \_\_\_\_\_

▪ Sports restriction or Other \_\_\_\_\_

▪ Condition that now requires medication (& name) \_\_\_\_\_

**Parent or Guardian Authorization:** *This health history is correct, so far as I know, and the person herein described has permission to engage in prescribed activities except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates. I hereby consent to the use of my voice and/or photograph and the above listed persons voices/and or photographs in the news coverage, or similar projects approved by the Boy Scouts of America."*

Signature \_\_\_\_\_ Date \_\_\_\_\_