

Gone to the Birds



2009 Spring Family Camp

Camp Simpson, Bromide, Oklahoma
Friday, April 24th - Saturday, April 25th



Check-In is from 4 PM-8PM on Friday at Carlock Lodge.
Everyone must check in. Festivities start at 8 PM on Friday &
end on Saturday afternoon.

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.

Important Info:

Wear closed-toed shoes (no slip-on's). If possible, wear any Cub Scout shirt for Friday night campfire. Campsites will be assigned. Please no requests. If staying Saturday night and Sunday morning, you will need to provide your own food and notify at check-in. For safety precautions, please camp in your assigned campsites.

Fee: All registered Cub Scouts and their families are invited. \$15 per person or \$50 per family of 4 or more (Must be IMMEDIATE family for this fee!) Children 5 and under are FREE. Late fee of \$5 per family will be charged after deadline. Reservations will not be taken by phone. NO REFUNDS! Fee is transferable to Fall 2009 Family Camp.

Fee includes: meals (Saturday breakfast & lunch served in Dining Hall), cracker-barrel snacks on Friday night, Saturday afternoon snacks, and all craft and program supplies.

T-shirts: Are available for \$10 each. They are not included with the Family Camp fee. 50/50 cotton. No t-shirt orders will be taken after Wednesday, April 8th.

Return forms to: Arbuckle Area Council BSA, PO Box 5309, Ardmore, OK 73403
For more info, Phone (580) 223-0831 or kwillis@bsamail.org

Council Pinewood Derby Race



--Council Race for District Winners--

Weigh-in is at 4:30 PM on Saturday at the Dining Hall.

Race to follow weigh-in.

Cost is \$2 per participant to race.

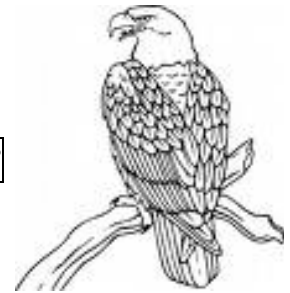




Gone to the Birds

2009 Spring Family Camp

Camp Simpson, Bromide, Oklahoma--Friday, April 24th-Saturday, April 25th



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

Fee:

- \$15 per person or \$50 per family of 4 or more (Must be IMMEDIATE family for this fee!)
- Children 5 and under are FREE.
- Reservations will not be taken by phone. NO REFUNDS! Fee is transferable to Fall 2009 Family Camp.

Deadline: Wednesday, April 8th --Late fee of \$5 per family will be charge after deadline. No t-shirt orders will be taken after Wednesday, April 8th.

PARTICIPANT ROSTER

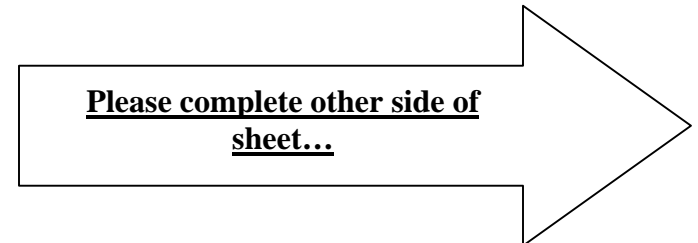
Pack #	Name	Please circle current den	or other	Circle T-shirt size \$10 each	<i>Other size</i>
_____	_____	Tiger Wolf Bear Webelos	or Adult/ Other Child	YM YL AM AL AXL	_____
_____	_____	Tiger Wolf Bear Webelos	or Adult/ Other Child	YM YL AM AL AXL	_____
_____	_____	Tiger Wolf Bear Webelos	or Adult/ Other Child	YM YL AM AL AXL	_____
_____	_____	Tiger Wolf Bear Webelos	or Adult/ Other Child	YM YL AM AL AXL	_____
_____	_____	Tiger Wolf Bear Webelos	or Adult/ Other Child	YM YL AM AL AXL	_____

Address _____ City _____ St _____ ZIP _____

Daytime Phone _____ Nighttime Phone _____ E-mail _____

- I have enclosed \$ _____ for # _____ participants.
- I have enclosed an additional \$ _____ for # _____ t-shirts.

Please complete other side of sheet...



HEALTH INFORMATION

CAMP POLICY Health forms must be filled out on all persons attending camp. Copy as needed.

In Case of Emergency notify: (Please list 2 people)

- **1st Name & Relationship** _____ (H) Phone _____ (Cell) _____
- **2nd Name & Relationship** _____ (H) Phone _____ (Cell) _____

1st Participant's Name _____

- Does participant have difficulty with: Eyes Ears Nose Lungs Throat Digestion

Check if participant has or is subject to: Food Allergies _____

- Allergies Asthma Heart Problems Convulsions Diabetes Fainting

-Reaction to Medication (name) _____

-Sports restriction or Other _____

-Condition that now requires medication (& name) _____

2nd Participant's Name _____

- Does participant have difficulty with: Eyes Ears Nose Lungs Throat Digestion

Check if participant has or is subject to: Food Allergies _____

- Allergies Asthma Heart Problems Convulsions Diabetes Fainting

-Reaction to Medication (name) _____

-Sports restriction or Other _____

-Condition that now requires medication (& name) _____

3rd Participant's Name _____

- Does participant have difficulty with: Eyes Ears Nose Lungs Throat Digestion

Check if participant has or is subject to: Food Allergies _____

- Allergies Asthma Heart Problems Convulsions Diabetes Fainting

-Reaction to Medication (name) _____

-Sports restriction or Other _____

-Condition that now requires medication (& name) _____

4th Participant's Name _____

- Does participant have difficulty with: Eyes Ears Nose Lungs Throat Digestion

Check if participant has or is subject to: Food Allergies _____

- 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(s) 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.

Parent or Guardian Signature _____ Date _____