

**Session
#1
Oct.
23rd-24th**



**Session
#2
Oct.
24th-25th**

Haunted House~Spook Trail ~Costume Contest for all Ages (Cub Scouts)

All Registered Cub Scouts and their parents (guardians) and siblings are invited. A special information sheet explaining age-appropriate activities will be posted on the Council Facebook page and website. www.arbucklebsa.org
<https://www.facebook.com/ArbuckleAreaCouncil/>

- \$15 per person due by Oct. 15th.
- or families of 4 or more may pay a Family fee of \$50 (must be immediate family, only 2 adults that are parents/guardians.) Due by Oct.15th. Children under five are free.
- **LATE FEE in office after Oct. 15th, \$25 per person, or \$75 Family fee. No Walk-in's at camp.**

T-shirts available through pre-order only, \$15 each.

T-shirt Deadline Oct. 8th. If not picked up at Camp, t-shirts held at Council Office for 2 weeks

Check-In at Carlock Lodge 5:30 pm-7 pm. NO EARLY ARRIVALS 8 pm activities begin

Tent, bug spray, snacks, flashlight, sleeping bag or bed roll, fishing pole, bait if going fishing, spending money for the trading post, and costume! Continental breakfast served. **All participants required to leave by Noon.** Campsites will be assigned. All members of your unit will camp in the same campsite. No call in requests. Camp Simpson T-shirts, soft drinks, and snacks will be available to purchase at the trading post.

NO REFUNDS. No Transfer of fees. Deadline for registration Thursday, October 15, 2020. Reservations will only be taken with payment.

Cub Scout's Name _____ Address _____ City _____ St _____
ZIP _____ Phone _____ E-Mail _____ Pack # _____ Rank _____

Registration fee of \$15 per person or \$50 per family must be included or late fees: Arbuckle Area Council, PO Box 5309, Ardmore, OK 73403

I have enclosed _____ fees (circle): \$15 each \$25 per person (late)

I have enclosed one family fee of (circle): \$50 \$75 (late)

T-shirt's only available through PRE-ORDER, mark size below on name list. T-shirt Deadline Oct. 8th

I have enclosed \$_____ for #_____ t-shirts (\$15 per t-shirt)

I wish to attend session #1 on Friday, Oct. 23rd

I wish to attend session #2 on Saturday, Oct. 24th

Participation roster of Family Attending:

Name	Adult/Child	Shirt size (\$15 each)	Name	Adult/Child	Shirt size (\$15 each)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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/subject to: Allergies Asthma Heart Problems Convulsions Diabetes Fainting **Reaction to Medication (name)** _____

Sports restriction/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 _____