



2017 Spring Family Camp

April 28th – 29th at Camp Simpson

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

Early Bird Discount Fees due by April 14th

- \$15 per person
 - or families of 4 or more may pay a Family fee of \$50
(must be immediate family—no more than 2 adults.)
- Children under five years of age are free.

LATE FEE in office after April 14th \$25 per person, or \$75 Family fee.

NO WALK-IN's at camp.

T-shirts available through pre-order only, \$12 each. Deadline April 14th

- Friday, 6-8 pm check-in at Carlock Lodge. **NO EARLY ARRIVALS**
- Friday, 9 pm Council Campfire
- Sat. 9 am Cub-O events
- Noon Lunch
- Sat 2 pm – Council Pinewood Derby @ Dining Hall

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.

Important Info: Wear closed-toed shoes. Dinner will not be served but we will have a cracker barrel (snacks) Friday evening, Sat. breakfast and lunch.

All participants required to leave campsites by 2 pm.

Campsites will be assigned. All members of your unit will camp in the same campsite. No call in requests, please. Camp Simpson T-shirts, patches, soft drinks, and snacks will be available to purchase at the trading post

**Return this form to: Arbuckle Area Council,
PO Box 5309, Ardmore, OK 73403**
Fax (580) 223-4991, please call to confirm
received & for credit card info., (580) 223-0831



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NO REFUNDS

Cub Scout's Name _____

Address _____ City _____ St _____ ZIP _____

Phone _____ Pack # _____ Rank _____

Registration fee of \$15 per person or \$50 per family must be included or late fees

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. Deadline April 14, 2017.

I have enclosed \$_____ for #_____ t-shirts (\$12 per t-shirt)

Reservations will only be taken with payment (no phone calls unless paying by credit card.)

PARTICIPANT ROSTER OF FAMILY MEMBERS ATTENDING:

Participation roster of Family Attending:

<u>Name</u>	<u>Adult/Child</u>	<u>Shirt size (\$12 each)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 _____

Arbuckle Area Council BSA

PO Box 5309

Ardmore, OK 73403