



EVANGELINE AREA COUNCIL

2007CUB SCOUT 3-n-1
 “MISSION TO MARS”

Mt Bayou Lake Scout Camp
 April 20, 21 & 22, 2007
 Cub Resident Camp
 Webelos Outpost Adventure
 Tiger Safari (April 21 & 22)



“Cub Resident Camp” is open to all registered Wolf, Bear and Webelos and their parent(s).

“Webelos Outpost Adventure” is open to all registered Webelos (parents are welcome) (Webelos can attend either “Cub Resident Camp” or “Webelos Outpost Adventure”)

“Tiger Safari” is open to all registered Tiger Cubs and their parent(s). (A parent must attend).

Sorry no siblings can attend this camp.

“Cub Resident Camp” & “Webelos Outpost Adventure” fees for the weekend are \$40 per Scout and \$15.00 per adult partner and \$15.00 per Den Chief. This includes breakfast, lunch, dinner on Saturday, breakfast on Sunday, and a patch.
 Sign-in begins: Friday at 3:30PM

“Tiger Safari” fees for the weekend are \$35 per Scout and \$12.00 per adult partner. This includes lunch, dinner or Saturday, breakfast on Sunday, and a patch.
 Sign-in begins: Saturday at 8:30AM

ACTIVITIES include: BB guns, Archery, Sling Shot, Crafts, Nature Trail, Obstacle Course, Rank Program, and special surprises. All programs will end before noon on Sunday. 2007 Resident Camp Guide at www.eacbsa.org

DIRECTIONS TO MT. BAYOU LAKE SCOUT CAMP: I-49 North to Exit 46, turn left, go about 7.5 miles and look for Mt. Bayou Lake Scout Camp sign, turn right on gravel road which will take you straight into camp.

WHAT TO BRING:

For: “Cub Resident Camp” and
 “Tiger Safari”

- | | |
|---------------------|----------------|
| Tent | Extra clothing |
| Ground cloth | Toothpaste |
| Sleeping Bag / Pad | Toothbrush |
| Pillow | Soap |
| Flash light | Washcloth |
| Insect repellent | Towel |
| Water bottle | Comb |
| Sunscreen | Scout uniform |
| Rain gear | Durable shoes |
| Jacket / sweatshirt | Hat or cap |

For: “Webelos Outpost Adventure”

Backpack (durable school bag type, daypack)

- | | |
|----------------------|---------------|
| Tent (for base camp) | Toothpaste |
| Ground cloth | Toothbrush |
| Sleeping Bag / Pad | Soap |
| Pillow | Washcloth |
| Flash light | Towel |
| Trail food | Comb |
| Insect repellent | Scout uniform |
| Water bottle | Durable shoes |
| Sunscreen | Hat or cap |
| Rain gear | Eating kit: |
| Jacket / sweatshirt | Spoon/fork |
| Extra clothing | Plate |
| | Cup |

"Cub Resident Camp" only participants complete this partition.

Pack # _____	FEEES
Name of Scout _____	\$40.00
Name of Scout _____	\$40.00
Name of parent/ _____	\$15.00
Name of parent/Den Chief _____	\$15.00
Address _____	
City/St/Zip _____	
Daytime Phone _____	
	TOTAL _____

"Webelos Outpost Adventure" only participants complete this partition.

Pack # _____	FEEES
Name of Scout _____	\$40.00
Name of Scout _____	\$40.00
Name of parent _____	\$15.00
Name of parent _____	\$15.00
Address _____	
City/St/Zip _____	
Daytime Phone _____	
	TOTAL _____

"Tiger Safari" only participants complete this partition.

Pack # _____	FEEES
Name of Scout _____	\$35.00
Name of parent _____	\$12.00
Name of parent _____	\$12.00
Address _____	
City/St/Zip _____	
Daytime Phone _____	
	TOTAL _____

RETURN YOUR REGISTRATION AND FEES by Mail to:

Evangeline Area Council

P.O. Box 80115

Lafayette, LA 70598

By Fax with credit card information: (337) 235-8556

By E-mail with credit card information: cryder@bsamail.org

METHOD OF PAYMENT

CASH _____	CHECK _____
CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS	
CREDIT CARD # _____	EXP. DATE _____
NAME OF CARD HOLDER _____	



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PERSONAL HEALTH HISTORY - Youth

Please make a copy and complete if a second family scout member is attending

Class 1 Personal Health & Medical History

To be filled out by parent

NAME _____

Health/Accident

Ins. _____

Carrier Policy # _____

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, Medicines, Insects, Plants

Yes No

GENERAL INFORMATION:

Asthma YES NO

High blood pressure YES NO

Cancer/Leukemia YES NO

Heart condition YES NO

Hemophilia YES NO

Diabetes YES NO

Kidney Disease YES NO

Convulsions/Seizures YES NO

Other (Explain)

List any medications to be taken at camp

List equipment, i.e. wheelchair, braces, glasses, contact lenses, etc.: _____

List physical/behavior conditions that my affect or limit participation

Immunizations (give date of last inoculation):

(Month/Year) Tetanus _____

Measles Polio Diphtheria _____

Mumps _____ Pertussis _____

Rubella _____ Other _____

IN CASE OF EMERGENCY, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medication for my child.

Date: _____

Signature of Parent/Guardian: _____

PERSONAL HEALTH HISTORY - Adult

Please make a copy and complete if two parents are attending.

Class 1 Personal Health & Medical History

To be filled out by parent

NAME _____

Health/Accident

Ins. _____

Carrier Policy # _____

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, Medicines, Insects, Plants

Yes No

GENERAL INFORMATION:

Asthma YES NO

High blood pressure YES NO

Cancer/Leukemia YES NO

Heart condition YES NO

Hemophilia YES NO

Diabetes YES NO

Kidney Disease YES NO

Convulsions/Seizures YES NO

Other (Explain)

List any medications to be taken at camp

List equipment, i.e. wheelchair, braces, glasses, contact lenses, etc.: _____

List physical/behavior conditions that my affect or limit participation

Immunizations (give date of last inoculation):

(Month/Year) Tetanus _____

Measles Polio Diphtheria _____

Mumps _____ Pertussis _____

Rubella _____ Other _____

IN CASE OF EMERGENCY, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medication for my child.

Date: _____

Signature _____