

DISTRICT DAY CAMPS

Montgomery - Shannon Strickland, 910-439-5798
June 16 - 20 Biscoe Park 9:00 - 3:00

Richmond - Misty Morgan, 910-410-9365
June 23 - 27 Rockingham National Guard Armory 8:30 - 3:00

Stanly - Pam Carter, 704-244-6522
June 23 - 27 Chuck Morehead Park 9:00 - 3:00

Rowan - Scott Teeter, 704-642-0699
June 16 - 20 Nazareth Children's Home 8:45 - 3:30

Union - Mary Stewart, 704-698-0222
June 9 - 13 Union County Agricultural Center 8:00 - 3:30

Cabarrus -
Karen Moyes, 704-784-1928
June 16 - 20 Camp Cabarrus 9:00 - 4:00
Dana Jordan, 704-938-2815
June 23 - 27 Camp Cabarrus 9:00 - 4:00

Non-Profit Organization
U. S. Postage
Bulk Mail
PAID
Permit #21

Central N. C. Council
Boy Scouts of America
P. O. Box 250
Albemarle, NC 28002-0250

NOTE: Any Volunteers who wish to participate need to contact Camp Directors ASAP!

2008 Cabarrus Cub Day Camp "Wild on Scouting"



Location: Camp Cabarrus
Time: 9:00am - 4:00pm

Week One - June 16 - 20, 2008
Contact Person: Karen Moyes
704-784-1928
karenmoyes@hotmail.com

Week Two - June 23 - 27, 2008
Contact Person: Dana Jordan
704-938-2815
DSJordan31@yahoo.com

Registration Date: April 19, 2008

Registration forms will be collected by your Pack Day Camp Coordinator and turned in with payment on April 19.

“Wild on Scouting”

Cub Scout Day Camp 2008

While focusing on a theme, we will continue to offer exciting opportunities which include crafts, sports, and nature hikes. BB rifle, archery and fishing are always popular.

The registration fee for camp is \$55. This includes a T-shirt, patch, insurance and all program materials. This year we are working with a coordinator from each pack who will collect all the forms and payments and bring them to the registration day on April 19th. Please make checks payable to Central NC Council.

Registering within the deadline will ensure a t-shirt and patch for each boy. Registration is limited to 150 participants each week.

Day Camp is ran entirely by volunteers. This year for each six boys a pack sends to a week of camp, we are requiring one adult volunteer from that pack at camp for the week.

Each Scout should bring lunch in a personal cooler each day.

Parents should fill out the enclosed medical and registration form, and turn it in with the fee to the Pack Day Camp Coordinator.



ENROLLMENT APPLICATION

CUB DAY CAMP 2008

Cabarrus District

Circle which week: June 16 - 20 June 23 - 27 Both Weeks
 Your son can go to either or both weeks of day camp.
 Sign up for 2 weeks for \$105.00 (child receives only 1 T-shirt)

NAME _____
 PACK # _____ TELEPHONE _____
 ADDRESS _____
 CITY, ZIP _____
 PARENT'S EMAIL _____

Circle the badge (grade) your son will enter **this fall:**

*Tiger (1st) Wolf (2nd) Bear (3rd)

Webelos I (4th) Webelos II (5th)

*Tiger must have Adult Partners present at all times

Circle the correct T-shirt size

Youth: S (6-8) M (10-12) L (14-16)

Adult: S M L XL XXL

Extra T-shirt \$10.00 Size of extra T-shirt _____

Car pooling to/from camp No Yes (we will be contacting you for details)

IN CASE OF EMERGENCY, NOTIFY (Local contact):
 (phone number that this person can be reached from 9am - 4pm)

NAME _____

ADDRESS _____

PHONE _____

RELATIONSHIP _____

OTHER INSTRUCTIONS _____

2ND PERSON TO NOTIFY _____

PHONE _____

RELATIONSHIP _____

Acct. # 1-6801-097-20

HEALTH INFORMATION

Have or subject to: (check if yes)

_____ Fainting spells _____ Convulsions
 _____ Asthma _____ Heart trouble
 _____ Allergy or reaction to medicine
 _____ Other (describe) _____
 _____ Check here if none of the above applies

Known Allergy: _____ Food _____ Bee Sting _____ Drugs
 (please explain) _____

Difficulty with Digestion _____ yes _____ no

If yes, please explain _____

Is there any condition requiring regular medication? _____

Name of Medication _____

Are there any restrictions on activity for medical reasons?

If yes, please explain _____

PARENT AUTHORIZATION: This health history is correct as far as I know, and I hereby give informed consent and medical release to arrange for routine emergency medical/surgical/dental care and treatment deemed to be reasonably necessary to preserve the health of my minor child, including x-rays, anesthesia, diagnostic and surgical procedures. I understand that reasonable efforts to reach me will be attempted. I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during the period of the program, and that no guarantees are made as to the effect of such examination or treatment.

SIGNATURE _____

(PARENT OR GUARDIAN)

DATE _____