



Cub Scout SPOOK-O-REE

Friday, October 12th ó Saturday, October 13th at Will Rogers Scout Reservation

Friday, October 19st ó Saturday, October 20nd at Williams Scout Reservation

Friday, October 26th ó Saturday, October 27th at Will Rogers Scout Reservation

- What is it?** Spook-O-Ree is a Cub Scout Parent/Pal campout with a Halloween theme. Camp-over Friday night and enjoy a great ðcampfireö show! Wake up Saturday to a day filled with BBø and archery, games, crafts and a special Cub Scout carnival. Walk the ghost trail or visit the spook house Saturday night. Spook-O-Ree ends late Saturday night, but participants may choose to spend Saturday night at camp.
- When?** Check-in begins at 6:00 pm on Friday and opening campfire is at 9:00 pm. For those coming out Saturday, check-in begins at 7:30 am. Bring warm clothes and camping gear. Spook-O-Ree happens rain or shine, so be sure to pack your rain gear!
- Where?** Will Rogers Scout Reservation is located on the north side of Highway 64 about 4.5 miles west of Cleveland, OK or about 1 mile east of the junction of Highway 99 & Highway 64.
- Williams Scout Reservation is 26.5 miles west of the WalMart in Enid on Highway 412. Look for a tall cell tower on the north side of the highway and turn left (south) at the Camp Williams sign. From the west, turn south at the Camp Williams sign 3 miles east of the junction with Highway 8 (Cleo Springs-Aline turnoff). Camp is located 3 miles south of Highway 412 (veer to the left to the Camp Williams).
- Cost?** Cost for event is \$20 per participant (scout, parent, adult partner or sibling). Registrations are due in the Scout Office on or before October 8th. After October 8th, registration fee is \$30 (unless newly-registered scout and family). Fee includes patch for Cub Scout, Saturday meals and all program supplies. *To keep fee at present level, both campers and staff should plan on providing their own dinner and snack Friday evening and their own breakfast on Sunday morning.*
- Registration?** Register for one weekend session only by completing registration form and mailing it with payment to the Scout Office. Registrations will be processed *first-come-first-served*. Registrations will be cut-off at 250 scouts/families per week-end. Folks registering after a week-end is filled will have the option of coming on the other week-end if it is open, or having their registration fee returned. *Register early to get the week-end of your choice.*
- Supervision?** Each scout must be supervised by a parent/legal guardian or other adult (21 years of age or older) at all times. If scout is supervised by an adult other than his parent, all youth protection policies such as no ðone-on-oneö contact and no sleeping in tent with adult(s) other than own parent/guardian apply. Adults must have in their possession up-to-date Parts A & B of the Annual Health and Medical Record for each scout including the signed authorization to seek treatment in case of emergency. Health forms can be downloaded from link on www.cimarronbsa.org. *Remember, only Parts A & B need to be filled out. The Part C "Physical Examination" is not required.*
- Insurance:** Unregistered scouts are not covered by Cimarron Councilø Sickness and Accident Insurance.
- More Info?** Check out www.cimarronbsa.org or contact the Scout Office (580-234-3652 or council@cimarronbsa.org)

DUPLICATE FORM AS NEEDED

2011 SPOOK-O-REE

Return Completed Form and Fees to: Cimarron Council

Registration for:

P. O. Box 3146

____ **October 12-13 (Will Rogers Scout Reservation)**

Enid, OK 73702

____ **October 19-20 (Williams Scout Reservation)**

____ **October 26-27 (Will Rogers Scout Reservation)**

Scout's Name: _____ CS Pack# _____

Address: _____ City: _____ Zip: _____

Adult Accompanying Scout:

Name: _____ Relationship: _____

Address (if different than that of Scout) _____

Day/Wk Phone: _____ Home Phone _____ Mobile Phone _____

E-mail _____

EMERGENCY CONTACT (Parent/Guardian if scout is not attending with parent or legal guardian):

Name: _____ Relationship: _____

Day/Wk Phone: _____ Home Phone _____ Mobile Phone _____

E-mail _____

Other Participants:

Name: _____ Adult Sibling

Name: _____ Adult Sibling

Name: _____ Adult Sibling

Name: _____ Adult Sibling

Participants _____ @ \$20 (on or before 10/8) = \$ _____

Participants _____ @ \$30 (after 10/8) = \$ _____

Total fees enclosed: \$ _____

Check (Payable to *Cimarron Council, BSA*) Number: _____

Credit Card: Visa Mastercard (Circle one)

Card # _____ Expiration Date ____/____

Signature _____