

Great Smoky Mountain Council—BSA
 PO Box 51885
 Knoxville, TN 37950

CUBS ON TARGET

APRIL 19-20, 2008

Cub Scout Spring Family Camp



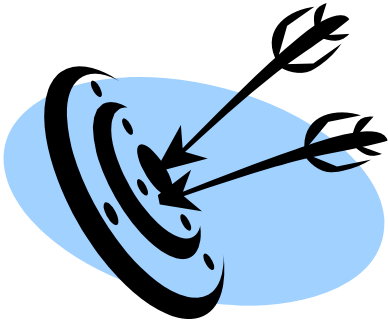
Join us for a fun-filled weekend of Scouting activities designed for the entire family. **Cubs on Target** will offer families an opportunity to explore a variety of activities related to targets and shooting.

Activities include:

- Archery and BB's
- Target Related Games
- Marshmallow launcher craft
- Slingshots
- Special Campfire
- And More!



Saturday Schedule			
8am	Check-in Begins	5pm	Program Areas Close
9am	Flag Ceremony	5:45pm	Flag Ceremony
9:15am	Program Areas Open	6pm	Dinner in Dining Hall
12:00pm	Sack Lunch (Program areas closed)	8pm	Campfire
Sunday Schedule			
8am	Breakfast	10am	Pack up and check out with campsite host and administration
9am	Chapel Service		



Additional Notes

- Map and driving directions are available at the Scout Service Center or www.campbucktoms.org.
- **Bring a sack lunch for Saturday.** Saturday dinner and Sunday breakfast are provided.
- **Bring your own tent.** If you do not have a tent, contact Doug Buchanan at 865-588-6514 x 24 for assistance.
- No pets, knives, bikes or electronic devices.

Spring 2008 Family Camp Application

- We try to accommodate your requests, but cannot guarantee that dens will be together. An email confirmation will be sent prior to camp.
- Payment must accompany this application.
- Each applicant must complete Health Form. Copy additional forms as needed. One health form per camp participant, including all adults and siblings.
- **Staff must be approved by John Hooper at john.hooper@regalcinemas.com.**

Scout's Name: _____

Grade: _____ Pack: _____ District: _____

Phone # _____ Cell # _____

Mailing Address: _____

 Email Address for Reservation Confirmation

List all additional attendees:

Parent/Guardian: _____

Parent/Guardian: _____

Sibling: _____ Age _____

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Fees per participant:

- Ages 6 years old and up \$40 x _____ = _____
- Ages 3 to 5 years old \$30 x _____ = _____

Early Bird Fee Discount applies if registration is received by **April 4.**

- Deduct \$10 per person (-)\$10 x _____ = _____

(Activity 724) Total _____

**Mail completed application with payment to:
 GSMC - BSA, PO Box 51885, Knoxville, TN 37950**

Make checks payable to BSA or pay via VISA or MasterCard.

Credit Card # _____ Expiration _____

Security code _____

Signature _____

Personal Health and Medical History

Name _____ Date of Birth _____

Emergency Contact _____ Phone _____

Physician _____ Phone _____

Health/accident insurance carrier _____

Policy/patient # _____

Check items that apply (past or present) to your health history.

	Yes	No		Yes	No
Asthma			Cancer/Leukemia		
Convulsions/Seizures			Hemophilia		
Diabetes			Heart Trouble		
High Blood Pressure			Kidney Disease		
ADHD			Other		

Explain: _____

List any allergies to food, medicine, insects or plants, etc. _____

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in the camp: _____

List equipment needed such as wheelchair, contacts, etc.: _____

Immunizations: give date of LAST inoculation or booster.

Tetanus _____ Measles _____ Polio _____

Diphtheria _____ Mumps _____ Pertussis _____

Rubella _____

Medical Release to Treat

In case of emergency, I understand every effort will be made to contact the emergency contact listed above. 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 (circle one) my child or myself.

 Adult Signature

 Date

All Participants must have
a current health form.
Copy this form as needed.

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Personal Health and Medical History

Name _____ Date of Birth _____
 Emergency Contact _____ Phone _____
 Physician _____ Phone _____
 Health/accident insurance carrier _____
 Policy/patient # _____

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