

CAMP TOWABA

Boulder Creek Scout Reservation
14586 Bear Creek Road
Boulder Creek, CA 95006

July 13-17, 2009

Monday Registration at 8:00 AM
Monday-Thursday 9:00 AM-4:00 PM
Friday 9:00 AM-3:00 PM

Registration:

Early Bird - \$75.00 if paid by June 13
Regular - \$110.00 if paid after June 13

Frequently Asked Questions:

What should I wear to camp?

You should wear comfortable shorts or jeans, your camp t-shirt (received on the first day of camp); closed toe shoes and socks must be worn at all times. Sunscreen is a MUST!

What should I bring to camp?

Each Scout needs to bring a knapsack, sack lunch and full, reusable water bottle with him each day.

How do I get there?

Transportation is the responsibility of the parent or Pack. Tour permits will be needed if transporting children other than your own in the Pack.

The Boy Scout Reservation is located about one mile away from Hwy. 9 on Bear Creek Road in Boulder Creek.

Still have questions? Call 831-422-5338

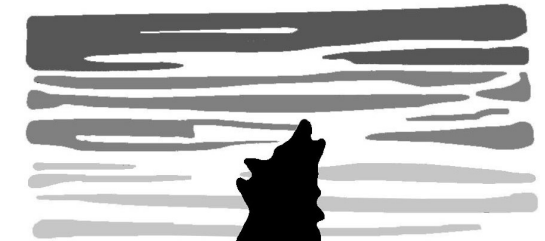
Camp Towaba will follow all safety regulations and standards for the operation of a Boy Scout camp as required in the Guide to Safe Scouting and the National Camping School's Day Camp Standards.

Monterey Bay Area Council
55 E. San Joaquin St.
Salinas, CA 93901

The Loma Prieta District and the Monterey Bay
Area Council of the Boy Scouts of America

2009 Cub Day Camp

TOWABA



July 13-17, 2009

Boulder Creek Scout Reservation

See inside for registration forms and more information
SIGN UP TODAY!

Non-Profit Org.
U.S. Postage
PAID
Permit #313
Salinas, CA

CAMP TOWABA 2009 • July 13-17

Boulder Creek Boy Scout Reservation

Monday Registration begins at 8:00 AM

Mon - Thurs 9 AM - 4 PM • Friday 9 AM - 3 PM*

*Parents are invited to the Closing Ceremony on Friday starting at 3:00

Early Bird Registration: \$75 if paid by June 13

Regular Registration: \$110 if paid after June 13

(There is an additional \$10 fee for attendees who are not already registered Cub Scouts)

Cub Scout Day Camp Registration

1. All fees must accompany registration.
2. Please complete a form for each Scout attending.

Cub's Name: _____ Pack # _____

(If your son is not a registered Cub Scout, enter "none" for Pack #)

Address: _____

City: _____ ZIP _____

Phone: _____ Age: _____ Birthdate: _____

My son will be a: Tiger (1st grade) Wolf (2nd)
 Bear (3rd) Webelos (4th-5th)

Scout T-shirt: Youth Medium Youth Large
(Larger sizes available under "Volunteer Registration" section)

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell Phone: _____

Other instructions: _____

Physician: _____ Phone: _____

HEALTH INFORMATION

Have or are subject to (check if YES):

Asthma Fainting Spells Convulsions
 Diabetes Heart Trouble Allergies _____

Sports restrictions _____

Swimming skill: Beginning Intermediate Advanced

Any difficulty with (check if YES):

Eyes Ears Nose Throat Lungs Digestion

Require Medication? _____

Check here if none of the above applies.

All Scouts must bring a lunch each day of camp. Please list any dietary requirements or food allergies: _____

I give my permission for the above child to participate in (please check all that apply):

Archery BB Gun Shooting Swimming
I understand that blank boxes will prohibit my child from participating in these activities.

Who is authorized to pick up your child? _____

I/We affirm that the above named minor is physically fit, and that his health history is complete and correct to the best of my knowledge. I know of no reason why he should not go swimming. He has my permission to participate in all activities of the Monterey Bay Area Council Cub Day Camp, except as expressly noted on this form. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, dispense medication or other injection or surgery for my son. I will not hold the Boy Scouts of America or their representatives responsible in the case of accidents or injury incidental to Day Camp activities.

Parent/Guardian
Signature _____ Date _____

E-mail: _____

All registrations must be turned in two weeks prior to first day of camp – by June 29th!
Please mail this completed form with your payment to:

Monterey Bay Area Council
55 E. San Joaquin St.
Salinas, CA 93901

-or-

FAX to: 831-422-1816

with credit card information on application.

Credit Card information:

Visa MasterCard AmEx Exp. Date _____

Credit Card # _____

Name on Card _____

Refund Policy: Refunds will be given for medical emergencies or sickness only. Requests must be made in writing to the Scout Center. There is a 15% non-refundable administrative fee for approved refunds.

Questions? Council Phone: 831-422-5338

It's up to you!

If you don't volunteer, who will?

Cub Scout Day Camp is an activity which is organized and put on entirely by volunteers.

Dear Parents,

Cub Scout Day Camp can be one of the biggest highlights of your boy's summer. It is a week he may remember for the rest of his life. He'll participate in activities that are new to him and practice skills that he is learning in his Cub Scout Den. But he can't do it alone. It takes trained leadership from a caring adult. Please consider joining your son and his friends for this memorable week. It is a rewarding experience that you can share together.

Please fill out our Volunteer Information section below if you can be a volunteer!

VOLUNTEER REGISTRATION

Volunteer's Name _____

E-mail _____

Phone # _____

Please check days you can work:

Mon. Tues. Wed. Thurs. Fri.

Adult size T-shirt:

Small Medium Large X-Large XX-Large

VOLUNTEER HEALTH INFORMATION

Have or are subject to (check if YES):

Asthma Fainting Spells Convulsions
 Diabetes Heart Trouble

Allergies _____

Swimming / Sports restrictions _____

Check here if none of the above applies.

I affirm that the above statements are true and correct. I will not hold the Boy Scouts of America or their representatives responsible in the case of accidents or injury incidental to Day Camp activities.

Signature _____ Date _____

Child Care (for potty-trained only) is FREE to volunteers

I need day care for _____ children, age(s) _____