



This is your special invitation to attend.....

**“Camp Talking Feather”
Cub/Webelos Resident Camp
July 26, 27, 28, 29, 2008
Camp Rockefeller on Blass Scout Reservation
Damascus, Arkansas**

Financial Information: \$75.00 per Scout and \$45.00 Per adult

A deposit of \$15.00 per Scout and per adult reserves
your space at camp.

Balance-in-full must be paid by July 13, 2008

Please get your deposits in by JUNE 15TH. After that
date the fees go up to \$85.00 per Scout and \$50 per adult. (last year's fees)
DEADLINE for applications is July 19th.

What's New This Year!

#1. If you register and pay for at least 10 boys from your pack, your pack's number will be added to your free t-shirt!

#2. Each adult will be allowed to bring up to 5 boys. Just keep in mind that there will be two separate programs – one for Cubs and one for Webelos, so bring enough adults to handle both areas.

#3. We will offer CANOEING this summer for the first time at Resident Camp! All BSA water safety rules will apply

#4. A Grab and Go lunch will be served on Saturday from 11:00 – 1:00.

#5. NO limit on the number of participants! Bring 'em on!!!

Health Information: All participants must have a current Class II physical medical form, signed by a physician. Adults over the age of 40 must have a current Class III physical form, signed by a physician.

Insurance Issues: Due to insurance coverage and youth protection issues, Resident Camp attendance is limited to registered Scouts, registered leaders/parents only. Siblings (brothers and sisters) and unregistered adults are not allowed at camp.

Check – In: We will begin check in at 10:30 a.m. on Saturday, July 26th. Medical re-checks and swim checks will begin at that time as well.

Additional Information: “The Resident Camp In Detail” will be forward to pack contacts upon receipt of their applications. (Email contacts would be great). (What to bring, what not to bring, uniform needs, camping needs, etc.) Don't forget to tell us about any allergies!

A few program areas to look forward to: Council approved Resident Camps are to include program areas of Showmanship – Sportsmanship – Craftsmanship – Waterfront – Fitness – Camp craft – and Nature.

Cooking	Nature Programs	Special Guests	Archery	Selected Activity Pins	Fun
Games	Arts & Crafts	Aquatics	Camping	Climbing Wall	Fun
Hiking	Songs & Skits	Shooting Sports	Swimming	Belt Loops	Fun

Cub/Webelos Resident Camp shall be conducted in accordance with established policies as set forth in the National Standards for Cub Scout/Boy Scout Resident Camps and staffed by registered adults who have been approved by the Council.

Dr. Terry Kearns, Program Director - terrance@uca.edu

For additional information contact: Ramona Sitz, (bobwhite@conwaycorp.net) (501) 472-2135 or Blake Cole, (mohawk@quapawbsa.org) - Professional Advisor

PLEASE REGISTER BY DEN OR PACK – Please copy form as needed.

PACK # _____ DISTRICT _____ CITY _____

CONTACT PERSON _____ POSITION _____

ADDRESS _____ PHONE # _____

EMAIL ADDRESS

Adult Leader:	T-Shirt Size: (Please Check)
Address:	<input type="checkbox"/> Adult Small
City/State/Zip:	<input type="checkbox"/> Adult Medium
Day Phone:	<input type="checkbox"/> Adult Large
Night Phone:	<input type="checkbox"/> Adult X-Large
E-Mail:	<input type="checkbox"/> Adult XXXLarge
Registered Position:	<input type="checkbox"/> Adult XXXLarge
Food Allergies	<input type="checkbox"/> Other

Adult Leader:	T-Shirt Size: (Please Check)
Address:	<input type="checkbox"/> Adult Small
City/State/Zip:	<input type="checkbox"/> Adult Medium
Day Phone:	<input type="checkbox"/> Adult Large
Night Phone:	<input type="checkbox"/> Adult X-Large
E-Mail:	<input type="checkbox"/> Adult XXXLarge
Registered Position:	<input type="checkbox"/> Adult XXXLarge
Food Allergies	<input type="checkbox"/> Other

Scout:	T-Shirt Size: (Please Check)	
Parent/Guardian:		
Address:	<input type="checkbox"/> Youth Small	
City/State/Zip:	<input type="checkbox"/> Youth Medium	
Day Phone:	<input type="checkbox"/> Youth Large	
Night Phone:	<input type="checkbox"/> Adult Small	
Rank: <input type="checkbox"/> Wolf <input type="checkbox"/> Bear <input type="checkbox"/> Webelos	Age:	Grade in the Fall:
First time at camp: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Food Allergies	<input type="checkbox"/> Other	

Scout:	T-Shirt Size: (Please Check)	
Parent/Guardian:		
Address:	<input type="checkbox"/> Youth Small	
City/State/Zip:	<input type="checkbox"/> Youth Medium	
Day Phone:	<input type="checkbox"/> Youth Large	
Night Phone:	<input type="checkbox"/> Adult Small	
Rank: <input type="checkbox"/> Wolf <input type="checkbox"/> Bear <input type="checkbox"/> Webelos	Age:	Grade in the Fall:
First time at camp: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Food Allergies	<input type="checkbox"/> Other	

**Make Checks Payable to: Quapaw Area Council, BSA - Complete forms and bring or mail to:
 Quapaw Area Council, BSA
 "Camp Talking Feather Resident Camp"
 3220 Cantrell Avenue
 Little Rock, AR 72203**

Number Leaders Registered _____
 Number Scouts Registered _____
 Amount Enclosed _____

