



## 2017 Cub Scout Spook-O-Ree

Will Rogers Scout Reservation

Friday, October 6 – Sunday, October 8



- What is it?** The biggest, most frightful and fun Cub Scout Weekend of the year. Spook-O-Ree is a Halloween-themed parent and pal weekend for Cub Scouts. Spook-O-Ree begins on Friday night. After a night spent camping with the ghost and goblins of Will Rogers SR, enjoy fun activities on Saturday including BB's, Archery, Sling Shots, Creepy-Crawly Crafts and Ghostly Games. After dinner on Saturday, you and your Monster will have the opportunity to walk down the Spook Trail. You may camp over Saturday night, but Sunday breakfast will not be provided.
- When?** Friday, October 6 – Sunday, October 8. Gates will open at 6:00 pm and check-in will begin at that time. *Campsites will be assigned and participants will not be allowed into campsites prior to 6:00 pm.* Camp programming starts Friday at 8:30 PM with campfire and cracker barrel and ends Saturday with the Spook Trail. 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 about 6.5 miles west of Cleveland, OK on the north side of Highway 64. From Highway 412, exit Cimarron Turnpike at Hallett, OK and proceed north on Highway 99. Will Rogers is approximately 1 mile east of junction Highway 99 and Highway 64.
- Participation?** All registered Cub Scouts and their families can attend Spook-O-Ree. 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 "one-on-one" contact and no sleeping in tents with adult(s) other than own parent/guardian apply. All participants (scouts, parents and siblings) must bring up-to-date Parts A & B of the Annual Health and Medical Record, including the signed authorization to seek treatment in case of emergency to check-in
- Registration?** Cost for event is \$25 per participant (Cub Scout, parent, adult partner or sibling). Boy Scouts/Staff are \$10. Registrations are due in the Scout Office by Friday, September 15. Late and on-site registration fee is \$30 per participant. *This is due to the need to place food and material orders in advance. Participants who register late or at the door may not receive the same program supplies due to their later registration but they will be allowed to participate and still have a great time.* Fee includes patch for Cub Scout, Saturday meals and all program supplies. *Note-a trading post with snack items and drinks for sale will be available Friday evening and all day Saturday.* All Campers must submit at check-in Parts A and B of the Annual Health and Medical Record. Download the form at [http://www.scouting.org/filestore/HealthSafety/pdf/680-001\\_ABC.pdf](http://www.scouting.org/filestore/HealthSafety/pdf/680-001_ABC.pdf)
- More Info?** Contact Amber Findahl Gile at [aquaticslady@gmail.com](mailto:aquaticslady@gmail.com) or the Scout Office at 580-234-3652; [council@cimarronbsa.org](mailto:council@cimarronbsa.org).



**2017 CUB SCOUT SPOOK-O-REE  
Will Rogers Scout Reservation  
October 6-8**

Return Completed Form and Fees to: Cimarron Council  
P. O. Box 3146  
Enid, OK 73702

Scout's Name: \_\_\_\_\_ CS Pack# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Adult Accompanying Scout:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different than that of Scout) \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Other Phone \_\_\_\_\_ WK / HM / Other

E-mail \_\_\_\_\_

Will you be camping with your Pack? \_\_\_\_\_ Campsite Preferred: \_\_\_\_\_

*(We will do our best to accommodate campsite requests. Reservations are first come - first served.)*

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Other Phone \_\_\_\_\_ WK / HM / Other

**Other Participants:**

Name: \_\_\_\_\_ Adult Sibling

\_\_\_\_\_ I would like to volunteer (morning – afternoon – carnival)

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Name: \_\_\_\_\_ Adult Sibling

\_\_\_\_\_ I would like to volunteer (morning – afternoon – carnival)

# Participants \_\_\_\_\_ @ \$25 (received by Friday, September 15) = \$ \_\_\_\_\_

# Participants \_\_\_\_\_ @ \$30 (after Friday, September 15 or on-site) = \$ \_\_\_\_\_

Total fees enclosed = \$ \_\_\_\_\_

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

Credit Card: Visa Mastercard Discover (Circle one)

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_

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Troop/Crew Staff Registration  
Fees \$10 per Scout  
Adult Leadership – free

Unit Type/Number: \_\_\_\_\_ Location: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_

- ❖ Will your unit be at camp before 5:30 pm on Friday to assist with campsite hosting?      YES      NO
- ❖ Will your Unit be setting up an area on the spook trail?      YES      NO
  - Troops will have the morning and afternoon to set up the trail. All trail ideas need to be approved by the trail boss and your area on the trail must be cleaned before leaving camp. Each troop must sign a code of conduct at the beginning of Spook-O-Ree. Units must have 2 deep leadership on the trail at all times.
- ❖ Will you have youth available to be trail guides?      YES      NO
- ❖ Is your troop in charge of an activity area?      YES      NO
  - If yes, what area? \_\_\_\_\_
  - This is a way for your troop to get more involved in Spook-O-Ree and interact with the Cub Scouts. All areas will need 2 deep leadership for the troop and workers during the day. Units will also be required to help with camp staff duties like kitchen duty, bathhouse cleaning, and flags.
- ❖ Will your unit be staying the night on Saturday?      YES      NO

Unit Leader Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

2<sup>nd</sup> Adult Leader Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Campsite Preference: \_\_\_\_\_ (campsites are assigned first come/first serve.

Campers needing handicapped assessable camp may not get to camp with troop) Please list any health related campsite needs: \_\_\_\_\_

# of Adults: \_\_\_\_\_ # of Youth: \_\_\_\_\_ @ \$10.00 Total Payment Amount: \$ \_\_\_\_\_

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

Credit Card:    Visa      Mastercard      Discover      (Circle one)

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Expiration Date \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_