

Seneca District CUB Klondike 2018

This year all Cub Scouts, Webelos included, are welcome to come out and join us during the day for all sorts of fun and activities! We will have separate event stations set up just for the Cub Scouts to participate in. It will give them a little taste of the Klondike Experience without having them camp out in the snow. It should be a fun-filled day, so mark the date and we hope to see you there!

- * WHEN: January 20, 2018 from 11am-3pm
- * WHERE: Camp Stambaugh
- * WHO: Open to any and all Cub Scouts
- * COST: There is a \$3 fee to cover the cost of patches and donuts and hot chocolate in the morning.
 - Patches are first come first served as we have only a limited number available.

Plan on bringing your own lunches (or working with your Boy Scout Troop) as they will not be provided.

Please Contact: Nate Watson, Nathan.Watson@Scouting.org or 330-773-0415 ext. 227, with any registration questions.

SATURDAY'S AGENDA AND ACTIVITIES!!!!

****Preparation:** Prepare for outside winter activities. Bring a hearty snack since lunch is not provided. A health form (A/B) will be required for all participants.

ACTIVITIES:

11 am - 12pm: Dutch Oven Donuts & Hot Chocolate

12 pm - 1 pm: Camp Wide Scavenger Hunt

1 pm - 2/3pm: Klondike Cub Activities

2 pm: Tour the Boy Scout Klondike Challenge

WINTER ADVENTURE — Concludes at 3pm!

PACK REGISTRATION FORM

Cubmasters bring two (2) copies of this COMPLETED registration form to the Event Headquarters site when you check in. Also the prepaid receipt or \$3.00 per person fee for each Scout and Scouter attending the event with your unit. PLEASE PRINT ALL INFORMATION

Pack Unit # _____

Leader in Charge: _____ Telephone No. _____

Participating Patrols

Patrol Name: _____ Patrol Name: _____

Scouts Name: 1. _____ Scouts Name: 1. _____

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Adults: List all including Leader in Charge

1. _____
2. _____
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Klondike Staff Use Only

Number of Leaders: _____

Number of Scouts: _____

Amount Owed: \$ _____**.00**
(\$3.00 per Scout/Scouter)

Amount Paid: \$ _____**.00**

Total Paid: \$ _____**.00**

Any SPECIAL needs or concerns for your unit that we should know about? (Health /Medical etc.)

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**UNIT LEADERS:
PLEASE COMPLETE THIS FORM
AND
TURN IT IN AT ROUNDTABLE**

**OR
TAKE IT TO THE SERVICE CENTER OR MAIL IT TO THE FOLLOWING:**

**SENECA DISTRICT EVENT - KLONDIKE
C/O Nate Watson**

**GREAT TRAIL COUNCIL
PO BOX 68
AKRON, OH 44309**

PACK NO. _____ WILL PARTICIPATE IN THE DISTRICT EVENT.

WE ANTICIPATE HAVING _____ PATROLS

NO. OF SCOUTS ATTENDING _____

NO. OF ADULTS ATTENDING _____

ENCLOSED IS A CHECK FOR \$ _____ .00 TO COVER THE PER PERSON FEE OF \$3.00

CUBMASTER'S SIGNATURE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE NO. (HOME) _____ (WORK) _____

E-MAIL ADDRESS: _____

SHOULD THE NEED ARISE, WHAT IS THE BEST TIME TO CONTACT YOU? _____

THANK YOU FOR YOUR CO-OPERATION.

Completion of this form and payment in a timely manner will ensure your participation in Klondike and that you and your pack members receive the Klondike Patch.