



Cub Scout WINTERFEST

Family camping weekend



December 5 - December 7, 2008
All siblings are welcome

Includes: 2 Crackerbarrels; 4 full meals; Family Games; BB & Archery; Great Crafts; Family Entertainment; a visit from Santa; Snowballs; Winterfest T-Shirt and Patch



Make Plans to Join Us

Cost is \$27 per person

Registration closes November 22, 2008

Program Starts Friday night at 8:00 and continues until Sunday morning at NOON.

Bring your own camping and personal gear, and if available, a lawn chair.



GATES AT CAMP WILL OPEN AT 6:00 P.M.

SOUTHWEST FLORIDA COUNCIL
1801 Boy Scout Drive; Fort Myers, FL 33907
1-800-269-8072
FAX 1-239-936-7864



Date Received _____

District: _____

Registered Cub Scout Name: _____ Pack #: _____

Address: _____ Phone: (____) _____

City: _____ Zip: _____ Email: _____

of Adults _____ + # of Cub Scouts _____ + # of siblings _____ X \$27.00 each =

TOTAL \$ _____

MORE TO FILL OUT ON BACK



CUB SCOUT WINTERFEST
Family camping weekend
December 5 - December 7, 2008

CAMP FLYING EAGLE

Please Note: The cost of each person attending is \$27.00.

There will NOT be a charge for siblings 3 years and under. These children will NOT receive a t-shirt or patch.

NOTE: Friday evening's activities are designed to be fun and occupy campers. The main program begins Sat. morning after breakfast.

Santa will be visiting Sunday morning.

All meals are being provided for you so there should be no need to haul in cooking gear.

This weekend is designed to be a family oriented, fun filled time. Please come with the attitude of enjoying your children and spending time with them.

FOR MORE INFORMATION, CONTACT:

Judy Aldrich 941-747-8043
Orchidlady108@earthlink.net

NAMES, AGE of children & SHIRT SIZE of each family member attending:

1. _____ Adult Child AGE _____ SHIRT SIZE _____
2. _____ Adult Child AGE _____ SHIRT SIZE _____
3. _____ Adult Child AGE _____ SHIRT SIZE _____
4. _____ Adult Child AGE _____ SHIRT SIZE _____
5. _____ Child AGE _____ (3 or under)

By allowing my child to participate in this event, I give my permission for images of my child captured during regular and special Scouting activities through video, digital and photographic cameras to be copied, exhibited, disseminated and used solely for the purposes set forth by the Southwest Florida Council, Boy Scouts of America in promotional material and publications and waive any rights of compensation or ownership thereof.

Youth Name

Parent Signature

Date