



2018
CUB SCOUT
SPOOK-O-REE

WILLIAMS SCOUT RESERVATION
FRIDAY, OCTOBER 26 – SUNDAY, OCTOBER 28

- 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 Williams SR, enjoy fun activities on Saturday including BB's, Archery, Sling Shots, Creepy-Crawly Crafts and a Ghostly Games. After dinner on Saturday, you and your Sasquatch will have the opportunity to ride down the Haunted Trail. You may camp over Saturday night, but Sunday breakfast will not be provided.
- When?** Friday, October 26 – Sunday, October 28. Gates will open at 5:00 pm and check-in will begin at 7:00 pm. *Campsites will be assigned and participants will not be allowed into campsites prior to 5:00 pm.* Bring warm clothes and camping gear. Spook-O-REE happens rain or shine, so be sure to pack your rain gear!
- Where?** Williams Scout Reservation is 26.5 miles west of the Wal-Mart in Enid on Highway 412. Look for a tall cell tower on the north side of the highway and turn left (south) at the Camp Williams sign. From the west, turn south at the Camp Williams sign 3 miles east of the junction with Highway 8 (Cleo Springs-Aline turnoff). Camp is located 3 miles south of Highway 412 (veer to the left to Camp Williams).
- 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 or sibling). Parents are \$15. Scouts/Staff are \$10. Registrations are due in the Scout Office by Friday, September 28. Late and on-site registration fee is \$40 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, Saturday meals and all program supplies. *Note-a trading post with snack items and drinks for sale will be available 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
- More Info?** Contact Jan Wear (580-623-0519, jan@watongafloral.com)
Scout Office (580-234-3652, council@cimarronbsa.org)

**2018 CUB SCOUT SPOOK-O-REE
Williams Scout Reservation
October 26-28**

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

Scout's Name & Gender: _____ CS Pack# _____ Grade: _____

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)

Name: _____ Adult Sibling

_____ I would like to volunteer (morning – afternoon)

Name: _____ Adult Sibling

_____ I would like to volunteer (morning – afternoon)

Name: _____ Adult Sibling

_____ I would like to volunteer (morning – afternoon)

Name: _____ Adult Sibling

_____ I would like to volunteer (morning – afternoon)

Participants _____ @ \$25 or \$15 (received by Friday, September 28) = \$ _____

Participants _____ @ \$40 (after Friday, September 28 or on-site) = \$ _____

Total fees enclosed = \$ _____

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

Credit Card: Visa Mastercard Discover (Circle one)

Card # _____ - _____ - _____ - _____ Expiration Date ____/____

Signature _____

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Troop Staff Registration
Fees \$10 per person

Unit Type/Number: _____ Location: _____

Home #: _____ Cell #: _____

E-mail: _____

- ❖ Will your unit be at camp before 5:00 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 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: _____

2nd 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 _____