



## Webelos Camp-ins • January 16 - 17 & January 23 - 24, 2015

Join Catawba Science Center and Piedmont Council of Boy Scouts of America for a night to remember.

**Camp-in classes are designed using the Cub Scout Handbook**, allowing campers to **work toward activity points**.

### Webelos Camp-in Activities

#### Geologist

Learn about rocks, minerals and fossils through hands-on activities. Get a geode to take home.

#### Scientist

Investigate eyes and vision through dissection of a cow eye. Examine many optical illusions.

#### Forester

Learn how to identify trees by observing their bark, leaves and seeds. Discover the ecological importance of forests.

#### Naturalist

Become a "Jr. Naturalist" by learning more about birds and reptiles. Make your own terrarium to take home. **Bring a 2 liter bottle with you.**

**Morning activities** include exploration of CSC exhibits and Science Shop, plus a digital program in CSC's Millholand Planetarium. Activities end at 9:30 a.m.

All registration forms must be signed by scout leader. Please send registration forms in together, as a pack.

Send registration & payment to:

CSC • PO Box 2431 • Hickory, NC • 28603

Note: Piedmont Council is not accepting registrations, or payments for camp-ins.

#### Cost:

\$40 per scout/ CSC members

\$45 per scout/ nonmembers

*One adult leader per six scouts is free, additional adults are \$15.*

Payment must accompany registration forms.

Registration received after deadline is an additional \$5 fee.

#### What to Expect:

A full evening of class with two light snacks. Evening ends with optional educational movie and downtime before lights out at midnight. Wake up and a light continental breakfast begins at 7:15. Exhibits will be open for exploration.

#### What to Bring:

Sleeping bag, sleeping pad, pillow, toothbrush, toothpaste and spending money for the Science Shop. Bring a 2 liter bottle with you.

#### Where to Come:

Catawba Science Center, Ground Level Lobby (located off Third St. NE, near library entrance). CSC is located on the SALT Block, 243 3rd Ave. NE, Hickory.

#### When:

Check-in begins at 5:45 p.m. in the Ground Level Lobby (library side). Orientation begins at 6:15 p.m.

#### Refund Policy:

Refunds are available two weeks prior to camp-in, minus a \$10 administrative fee. No refund available after this date.

### Registration Deadlines:

**January 2 for the January 16** Webelos Camp-in • **January 9 for the January 23** Webelos Camp-in

Registration form on back. Questions? Contact CSC at (828) 322-8169 or visit [www.CatawbaScience.org](http://www.CatawbaScience.org).

# Catawba Science Center Webelos Camp-in Registration Form

**Registration as a pack is strongly encouraged.**

Registrations are taken on a first-come, first-served basis when payment is made.

**Space is limited to 100 scouts.** Please make additional copies as necessary and **send forms together.**

Please check date of camp-in you wish to attend (**make sure your pack registers for the same date**)

\_\_\_ **January 16-17 2015**    \_\_\_ **January 23-24, 2015**

**Scout Name** \_\_\_\_\_ **Pack No.** \_\_\_\_\_ **Den No.** \_\_\_\_\_ **Primary Phone** \_\_\_\_\_

**Parent Name(s)** \_\_\_\_\_ **Alternate Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**CSC Member** \_\_\_ **Yes** \_\_\_ **No**

**Primary Scout Leader attending (REQUIRED)** \_\_\_\_\_ **Phone** \_\_\_\_\_

(At least one adult leader or parent per six scouts MUST accompany pack at all times)

**Secondary Scout Leader (OPTIONAL)** \_\_\_\_\_ **Phone** \_\_\_\_\_

I, \_\_\_\_\_, certify that this scout is a registered member of Cub Scouts of America.

Scout Leader's Name/ Position

Signature \_\_\_\_\_

Parent or guardian attending, in addition to Scout Leader (\$15 fee) \_\_\_\_\_ **Phone** \_\_\_\_\_

**Emergency contact, if parents can not be reached** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Health/ Accident Insurance Company** \_\_\_\_\_

Name of Insured \_\_\_\_\_ Policy Number \_\_\_\_\_

**Medical Information**

If currently on any medications, please list and describe schedule for emergency administration. Include any asthma or allergy medications.

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OPTIONAL:** I, \_\_\_\_\_, do hereby authorize Catawba Science Center staff to use my child's name and photographs (still or moving) for promotional purposes.

**Total Amount Due \$** \_\_\_\_\_

\_\_\_ Check enclosed (payable to CSC)    Charge my \_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express \_\_\_ Discover

Name on credit card \_\_\_\_\_ Card No. \_\_\_\_\_

Expiration date \_\_\_\_\_ Signature \_\_\_\_\_