



Bears Camp-ins • March 21-22 & March 28-29, 2014

Join Catawba Science Center and Piedmont Council of Boy Scouts of America for a night to remember. Camp-in **classes feature activities from the Cub Scout Handbook**, allowing campers to **work toward activity badges**.

Bears Camp-in Activities

Magic in Action

Put on your top hat and take out your wand as you become a magician, with a little help from science.

Electrician

Sparks will fly as you investigate the world of electricity and build a circuit.

Astronaut

Have a space adventure in CSC's digital planetarium theater. Build your own constellation viewer.

Crime Lab

Learn a few of the techniques used to solve crimes, including finger printing, chromatography and mystery powders.

Morning activities include exploration of CSC exhibits and Science Shop. Activities conclude 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 leaders per group are free, additional adults are \$15.

Payment must accompany registration forms. Registration received after deadline is an additional \$5 fee. *Registration as a pack is strongly encouraged.*

What to Expect:

A full evening of classes, activities and a light snack. Evening ends with a movie and downtime before lights out at midnight.

What to Bring:

Sleeping bag, sleeping pad, pillow, toothbrush, toothpaste and spending money for the Science Shop. Wear comfortable clothes in which you can sleep. **Bring an empty paper towel roll for constellation viewer.**

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:

March 7 for the March 21 Bears Camp-in • **March 14** for the March 28 Bears Camp-in

Registration form on back. For more information, contact CSC at (828) 322-8169 or visit www.CatawbaScience.org.

Catawba Science Center Bears 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. 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*)

___ **March 21-22, 2014** ___ **March 28-29, 2014**

Scout Name _____ **Pack No.** _____ **Den No.** _____ **Home Phone** _____

Parent Name(s) _____ **Work/Cell Phone** _____ **Email** _____

Mailing Address _____ **City** _____ **State** _____ **Zip** _____

CSC Member ___ **Yes** ___ **No** **If Corporate Member, name of employer** _____

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 Release

If currently on any medications, please list and describe schedule for emergency administration. Include any asthma or allergy medications. If any medications must be administered by CSC staff written directions must be provided.

Allergies _____

Medications _____

I, _____, do hereby authorize Catawba Science Center staff to act on my behalf in seeking any medical treatment or medicine for my son or myself during the camp-in.

Signature _____ Date _____

Total Amount Due \$ _____

___ **Check enclosed** (payable to CSC) **Charge my** ___ Visa ___ MasterCard ___ American Express ___ Discover

Name on credit card _____ Card No. _____

Expiration date _____ Signature _____