



# Wolves Camp-Ins



February 5-6 and March 12-13, 2010

Come join the Catawba Science Center and the Piedmont Council Boy Scouts of America for a night to remember! Classes feature activities from your Cub Scout Handbook, allowing you to earn Arrow Points. Sign up early before classes fill to take advantage of this great opportunity!

## Wolves' Camp-in Activities:

**Science of Kites** Learn the facts of flight as you follow Bernoulli's principles. Build your own kites and learn how to fly them safely.



**Wildlife** Become acquainted with an endangered species as you work toward the Wildlife Conservation belt loop and academics pin.

**Machines** Experiment with levers, incline planes & more. Make & use a windlass.

**Indian Lore** Make a Native American craft; learn a legend. Play a game that children were playing when Columbus came to America.

**Morning Activities include exploring the exhibits and science shop plus a digital program in our new planetarium theater! Activities will conclude at 9:30 am.**

**\*ALL REGISTRATION FORMS MUST BE SIGNED BY SCOUT LEADER\***

**\*Please send in registration forms together as a pack\***

**Cost:** CSC members \$35 per scout; nonmembers \$40 per scout (2 adult leaders per group free). Additional adults are \$10. Payment **MUST** accompany registration. Registration received after deadline is an additional \$5. **Registration as a pack is strongly encouraged.**

**What to bring:** Sleeping bag, sleeping pad, pillow, toothbrush, toothpaste, and spending money for the Gift Shop. Wear comfortable clothes in which you can sleep.

**Where to come:** Catawba Science Center (North Lobby – off 3<sup>rd</sup> Street NE – near library entrance), in the Arts & Science Center of Catawba Valley, on the SALT Block at 3<sup>rd</sup> St. and 3<sup>rd</sup> Ave. NE in Hickory.

**When:** Check-in begins at **5:45 pm** in the Ground Level Lobby (Library side); orientation begins at **6:15 pm**.

**Refund Policy:** Refund available 2 weeks prior to camp-in, minus a \$10 administrative fee.  
**No refund available after this date.**

## Registration DEADLINES:

January 29<sup>th</sup> for the February 5<sup>th</sup> Camp-In

March 5<sup>th</sup> for the March 12<sup>th</sup> Camp-In

Send registration and payment to:  
Catawba Science Center, P.O. Box 2431, Hickory, NC 28603  
Note: Piedmont Council is not accepting registrations or payments for camp-ins.

For more information, please contact Catawba Science Center  
at 828-322-8169 or visit [www.CatawbaScience.org](http://www.CatawbaScience.org)

# Catawba Science Center Wolves 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**).

**February 5- 6, 2010**     **March 12-13, 2010**

Scout Name \_\_\_\_\_ Pack # \_\_\_\_\_ Den # \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent Name(s) \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

CSC Member \_\_\_Yes \_\_\_No    If Corporate Member, name of Employer \_\_\_\_\_

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

Primary Scout Leader attending (*not optional*) \_\_\_\_\_ Phone # \_\_\_\_\_

(At least one adult leader or parent (per 6 scouts) **MUST** accompany pack at all times)

Secondary Scout Leader attending (*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 (\$10) \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contact (If parents cannot be reached)**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

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

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

### Medical Release

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

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize the 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 card \_\_\_\_\_ Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_