

WEBELOS RESIDENT CAMP 2011

“The Adventure in Temple Hinds!”



**A GUIDE FOR WEBELOS LEADERS,
SCOUTS & PARENTS**

[HTTP://WWW.CAMPHINDS.ORG](http://www.campHinds.org)

Timeline For Webelos Camp Leaders

Spring 2011	<input type="checkbox"/> Review with your Scouts the webelos program available at Camp Hinds this summer. <input type="checkbox"/> Reserve your space with Pine Tree Council. <input type="checkbox"/> Send in deposits for Scouts going to camp. <input type="checkbox"/> Make parents aware of summer camp dates and the required BSA Health Forms. <input type="checkbox"/> Arrange for adult leadership to cover your pack at camp.
April 1st, 2011	<input type="checkbox"/> Campership Application Deadline!
May 1, 2011	<input type="checkbox"/> Early Bird Deadline! Payments are due at PTC! <input type="checkbox"/> Online registration begins at http://www.pinetreebsa.org/scss
June 28th, 2011	<input type="checkbox"/> Come to our Open House at Temple Hinds from 6:30-8:00pm! You'll get an introduction to the Camp Staff, tour of camp & campsites, and a Dessert Buffet! Join us for some pre-camp fun!
July 27th, 2011	<input type="checkbox"/> Camp Leaders and parents pre-camp meetings at 6:30pm. Come meet the Adventurous Camp Director and his crew and get your camp questions answered! Meet at the Tabor Retreat at Camp Hinds.
30 Days Prior to Camp	<input type="checkbox"/> Finalize plans, leadership & transportation for your time at camp. <input type="checkbox"/> Make final payments to Pine Tree Council. <input type="checkbox"/> Collect and review BSA Health Forms for accuracy and completeness.
At Least Two Weeks Prior To Arrival At Camp!	<input type="checkbox"/> Mail <i>Photocopies</i> of BSA Health Forms & Pack Rosters (if not done online) to Camp! <u>MAIL FORMS DIRECTLY TO CAMP HINDS. DO NOT SEND TO PTC!</u> Camp Hinds 146 Plains Road Raymond, ME 04071
First Day of Camp	<input type="checkbox"/> Welcome! Cubmasters Orientation Meeting at 1pm at the Tabor Retreat. Bring copies of your pack roster & questions! GATES INTO CAMP OPEN AT 2pm!

All Camp Forms are located at the end of this guide for easy removal and to make copies!

Please DO NOT mail forms to Pine Tree Council - Send Directly to Camp Hinds!

GATES OPEN TO CAMP AT 2pm! NO Scouts, Leaders, Vehicles or Equipment will be allowed to enter their campsites before 2pm. Staff parking attendants will be around to assist packs!

For up-to-date information, forms & answers to common questions visit:

<http://www.camphinds.org>



Welcome to the 2011 Camp Season!

Dear Webelos Leader or Webelos Scout Parent,

Thank you for choosing Camp Hinds in 2011. Webelos Resident camp is a great opportunity for Scouts, their parents, and their leaders to enjoy a camping experience, get a jump start on earning activity pins, and most importantly have lots of fun! Webelos Resident camp is specifically designed for Scouts who will be entering 4th or 5th grade in the fall. Activities will be more challenging than those at Cub Scout Day Camp & will introduce Webelos to the Boy Scouting program. Our staff's goal is to create a summer of memories filled with fun, adventure and an exceptional outdoor learning experience!

To make our program, and thus your Scouts, successful we have created this guide for your use. It has been designed to provide you with all of the information you need to plan your summer experience. Please share this guide, and the forms, with your other leaders & parents!

Our entire staff will be working hard in the coming months to fine-tune our program, so keep your eyes on <http://www.camphinds.org> for updates and please do not hesitate to contact us for further assistance, questions or comments. We would love to hear from you!

Yours in Scouting,

Josh

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The Adventure in Temple Hinds!

It's the 1900s and archaeologists are globetrotting around the world trying to find their fortune. Now you and your pack can join the excitement by rushing to Camp Hinds this summer! Your Scouts will be simply amazed as the familiar elements of summer camp are transformed and brought to life by the Hinds staff.

You'll be greeted upon your arrival and quickly incorporated into the life of a treasure hunter. Scouts will meet the colorful characters of the Camp Hinds Staff who will work with them throughout the week. Together, we'll learn traditional Scout skills, complete requirements for Webelos advancements, sing songs, play games, and have a whole lot of fun! The skills & memories your Scouts will learn along their adventure will guarantee this will be one summer camp you don't want to miss!

We encourage you to work with your Scouts to prepare theme-related costumes that can be worn throughout the week, particularly for campfires and other major events!

Campwide Event: Raiders of the Lost Artifacts!

At the end of your adventures, your Scouts and their families are invited to join us for the "Raiders of the Lost Artifacts" treasure hunt! Treasure Hunters believed that a Lost City of Gold lay waiting to be discovered, and this legend lives on to inspire our closing adventure! Directions for participation will be distributed during your time at Hinds! There will be games of skill, games of chance and events to test your new found skills from the week to guarantee your Scouts will be tried and tested as they attempt to find the treasure!



Webelos Camp Program!

At Camp Hinds, we pride ourselves on our ability to refresh and renew our program year after year. After all, Webelos go camping for a fun-filled outdoor experience! As you take advantage of the many exciting instructional opportunities we offer, your Webelos will advance! Our staff will teach, but we recognize that parents and leaders retain the responsibility to determine whether each Scout satisfactorily completes their advancement requirements (so, you'll get a list of what we taught at camp in your "exit packet").

New for 2011 - Register Online!

As you will see below, NEW for 2011 we are offering packs the choice between showman/artist and outdoorsman/naturalist activity pins. Beginning May 1st, you can complete online-registration for these pins as well as fill out a roster for your Pack. With a new and improved program this year, this will not only be the easiest way to register – but on-line registrations will be given first priority. The login information will be sent to you once you send in your registration for camp. You can access the registration (and a help guide) by visiting www.pinetreebsa.org/scss starting **May 1st**.

If on-line service is not available to you, you can go to the Pine Tree Council Service Center and ask for help or contact Camp Director Josh Gagnon. All mailed registration forms should be mailed to camp two weeks prior to your arrival.

2011 Webelos Advancement

Activity badges & advancement are earned with parents and den leaders in the Webelos program; however, Scouts will work on a variety of different requirements within the camp program.

Aquanaut Boating BB Belt Loop Archery Belt Loop Action Slingshot Range Sports
 Showman *or* Artist Outdoorsman *or* Naturalist

As well as other advancement opportunities!



When You Arrive At Camp!

Check in begins at 2:00 p.m. on the first day of camp! One Adult Leader should arrive at 1:00 p.m. to attend a leaders meeting at the Tabor Retreat. You should plan your arrival accordingly.

PLAN TO ARRIVE AT CAMP FOR THE 2:00 PM OPENING AND CHECK-IN AS A GROUP.
YOU MUST CHECK-IN AT THE PARKING LOT BEFORE GOING TO YOUR CAMPSITE.

Your Staff Guide upon your arrival at Camp Hinds will greet the Pack. The Staff Guide will take the Pack to the campsite, take a tour of camp, to the Health Lodge for medical rechecks and finally to the waterfront for your swim tests.

All vehicles must be parked in the camp parking lot. Each Pack will be given one vehicle pass to us for one vehicle (at a time) to be loaded with equipment and unloaded at the campsite and returned to the parking lot. Handy-cap vehicle passes will be given out as needed.

At Check-In the Webelos Leader will need the following:

- ❑ A Completed Pack roster
- ❑ Copies of your Scout/ Adult Medical Forms

Once at your site Scouts and Leaders should:

- ❑ Place gear in tents
- ❑ Change into swimsuits for swim checks
- ❑ Your Camp Staff Guide will take you as scheduled for medical checks, swim checks and camp tour. Bring any medications brought to camp with you to check in!

The Camp Tour will Include:

- ❑ Health Lodge-
- ❑ Dining Hall – Remember a waiter for your supper meal (& every meal)!
- ❑ Trading Post
- ❑ Parade Field
- ❑ Camp Showers
- ❑ Program Areas

All Webelos taking part in any aquatics program is required to have a swim check. Leaders shall follow the same guidelines. Once the swim evaluation is completed, each person will be given a buddy tag. A buddy tag is needed to enter the waterfront or boating areas in camp! All buddy tags should be kept stored in the campsite space on the buddy board at the waterfront.



Check-In At A Glance

- 1:00 PM – Leaders meeting at the Tabor Retreat
- 2:00 PM – Gates open, Check-In Begins
- 2:30 PM – 4:30 Tours of Camp, med checks, swim checks
- 4:30 PM – Welcoming activity in campsites
- 5:45 PM – Retreat – (In Uniforms)
- 6:00 PM – Dinner
- 7:00 PM – Waterfront Orientation
- 7:30 PM – Opening Campfire – Wear your “Treasure Hunter” theme costumes!

When You Depart Camp

Check out is set for 11:00 AM!

Following the morning special activities, the following procedures should be followed:

- ❑ Pack all personal gear; double check so as not to leave anything – check the camp lost and found
- ❑ Remove any Pack items off the bulletin board
- ❑ Police the site for trash
- ❑ Clean the latrine
- ❑ One vehicle may be driven into the campsite to load the gear. Please refrain from driving more than one vehicle into the campsite at a time!
- ❑ Be sure to return any additional borrowed equipment to the Camp Room
- ❑ Stop by the Health Lodge to pick up any medications for your Pack.

Remember: A Scout is Clean. Try to leave your campsite in better condition than you found it!



General Camp Information

Camp Staff

Camp Hinds has a trained staff of Scouts and Scouters. Our camp staff are registered members of the Boy Scouts of America and our mission is to help promote the aims and methods of Boy Scouting to their fullest here at Camp Hinds.

The camp is lead by a Camp Director, who works with a Program Director. Each of our program and support areas are overseen by an Area Director, many of whom have attended the National Camping School program for training specific to their job. Our staff will assist and try to accommodate your needs in every way possible, so don't hesitate to ask for assistance. Occasionally, it may be necessary to shift or rearrange program plans or campsites to accommodate everyone, but this will only be done when no other alternative is possible.



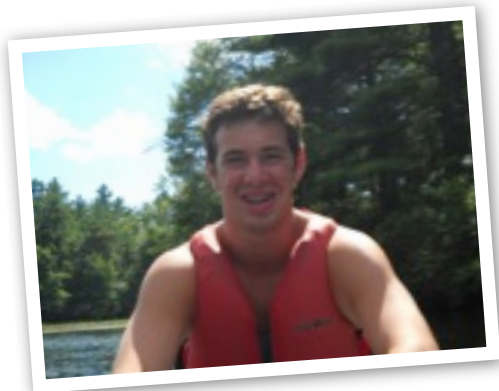
Leaders in Camp

Every Pack that attends must be under the supervision of its own adult leadership at all times. According to the BSA youth protection policy, two-deep leadership is required for all activities, one leader who is at least 21 years of age and a second who is 18 years of age or older. You are in charge of your Pack at all times. There must be at least two adults to accompany the Webelos to their activities and stay with the pack during the entire session of camp.

Den Chiefs

Do you have a Boy Scout that works as a den chief with your den? He can come to camp to assist! Den Chiefs must be Boy Scouts who are currently registered and should be at least two years older than the Webelos that they help counsel.

Adult leaders are responsible for the discipline and organization of your Pack. The camp staff will assist you with the camp program for your Webelos. It is never the camp staff's task to take over your role as leader of your unit. If you have issues with leadership or discipline, please let the Camp Director know so we can assist you as needed!



Mail & Emergency Phone Numbers

Two of the questions from parents are “Where will our son be?” and “How can we reach him?” Scouts enjoy receiving mail from home during their stay at camp. Please write, but don’t call unless it’s an emergency. Remember there is no phone next to your son’s tent! The camp phone is for camp business and emergencies.

EMERGENCY PHONE # 207-655-4878

Send Mail To:

(Your Scout’s Name)
(Your Scout’s Pack # and Campsite)
Camp Hinds
146 Plains Road
Raymond, ME 04071

There is a pay phone available in camp for non-emergency use. We encourage all leaders to keep their Scouts away from the phone. Experience has taught us that this really helps with homesickness.

Camp does require that all Scouts using the pay phone have the permission of their Cubmaster / Camp Leader to use the phone! Mail is delivered daily to camp. Each campsite has a mailbox in the Trading Post for mail and non-emergency messages. Leaders please check your mailbox a couple of times each day for incoming mail and messages. All emergency messages received in the camp office will be delivered immediately to the adult leadership of the Scout to whom the information concerns by the camp staff.

Medical Supervision

Dr. Donald Burgess, Chief of Pediatrics at Southern Maine Medical Center, oversees the camp medical staff. A licensed health officer is in camp, on duty at all times, to handle all medical emergencies. If the injury or illness is serious, the person is brought to a local health care facility. Written agreements are in place between Camp Hinds and local health care providers to care for our campers, staff and guests. **All medical illnesses or injuries must be reported to the health officers in camp - no matter how minor the incident.** Please report any dietary or health restrictions to the camp office at least one week prior to your arrival in camp.



Medical Forms

All Campers and Leaders attending camp must have a completed BSA medical form on file with the camp health office while at camp. A new health form for 2011 has been developed by the BSA and is included in this packet. **ALL PARTICIPANTS are REQUIRED TO USE THIS NEW FORM!** *Scouts and Leaders must have a valid physical within 12 months of camp. NEW FOR 2011: A section in Part B entitled "Adults Authorized to Take Youth to and From Events."* We are recommending that under the "designate" portion you have parents/guardians write "Licensed Driver over the age of 18 with permission of the Cubmaster." Then, be sure to have parents/guardians include any adults NOT authorized in the next section.

It is a regulation of the Boy Scouts of America that anyone who does not have a completed and signed medical form at the check-in time at camp will not be allowed to remain in camp. NO exceptions will be made. Camp Leaders should collect all medical forms and check them to make sure they are complete prior to leaving for camp. Please mail a copy of each persons health form to Camp Hinds at least two weeks prior to your stay in camp. The health officers will review the forms before your arrival to help provide your troop with a smooth check-in once camp begins. **Please make two copies of your medical forms; one for camp and one for your records.**

Medical Recheck & Medications

Upon arrival in camp, All Campers and Leaders will go through a medical recheck at the Camp Health Lodge. **Pine Tree Council and Camp Hinds must comply with all State of Maine laws and BSA politics concerning medication in camp. ALL medications brought to camp by campers, leaders and staff MUST be given to the Health Officer upon arrival in camp. This includes prescription and non-prescription medicine.**

The Health Officer is available at scheduled times to administer medications as needed. An exception may be made for a limited amount of medications to be carried by the Scouts or adult for life-threatening conditions including; bee-sting kits, nitroglycerin, inhalers and medication specifically prescribed "to be carried at all times" by a physician. Camp supplies any over-the-counter medications and first aid supplies that your scout may need during his week at camp.



Emergency Medication Plan

For Asthma Patients Only!

The State of Maine requires that All Campers that are going to carry a rescue inhaler or Epi-pens, provide the camp with an Emergency Medication Plan. Additionally, each camper must have their parent's and physician's approval to carry the inhaler and indicate that the camper is able to use the inhaler. At the time of check in, the camp health staff must also evaluate the camper's ability to use the inhaler. Please be sure to complete the Emergency Medication Plan with the physician and send it to camp with the health form. A copy of the school asthma plan will be acceptable as well.

Peanut Butter Free Zone

Due to the increase in campers having peanut butter allergies, some which are life threatening, we have decided to make the Camp Hinds dining hall a peanut free zone. This means no foods with peanut oil or peanut butter will be used in the kitchen or dining hall.

Any parents, who have a camper with food allergies, still needs to list the allergies on the campers health form and notify the camp at least two weeks in advance.

Many campers love a peanut butter sandwich, and this can be a great snack! Troops may still choose to have peanut butter in their campsites as long as the Scouts in their campsite don't have a peanut allergy. Our Trading Post will still carry individually wrapped candy bars that may have peanuts or peanut butter in them.

Handicapped Information

Camp Hinds aims to make our program available to All Campers. If you have a person with a disability that may require special attention, auxiliary aids or any reasonable accommodations, please contact the *Camp Director* at 655-4878 at least two weeks prior to your stay at Camp Hinds.

Emergency Procedures

Camp Hinds has long established procedures recommended by the BSA for lost campers, lost swimmers, fires and severe storms. We use a siren as a warning device if and when it becomes necessary to call the camp together. Camp Hinds has written agreements with local fire, police and medical departments to provide Camp Hinds with the necessary coverage for any emergency. Further information on the emergency procedures to be followed while in camp can be found posted in each campsite for review by All Campers and Leaders in camp.



Camp Health & Safety Policies

The following rules and policies have been established by the Pine Tree Council Camp Administration for the health, safety and protection of All Campers and leaders in camp.

- ➔ **NO ALCOHOL or ILLEGAL DRUGS** are permitted in camp at any time!
- ➔ **NO FIREARMS, AMMUNITION, FIREWORKS, HAND HELD WEAPONS** (swords, nightsticks, butterfly knives, etc.) or **ARCHERY EQUIPMENT** may be brought into camp. Due to our liability insurance, youth may only use the equipment provided by the camp.
- ➔ **NO PRIVATELY OWNED WATERCRAFT** are allowed in camp.
- ➔ **NO OPEN FLAMES IN ANY TENTS!** Troops may only use self-contained stoves and lanterns in their campsites, under the direction of knowledgeable adults.
- ➔ **NO LIQUID FUELS MAY BE USED TO START FIRES! ALL LIQUID FUELS MUST BE KEPT IN THE LOCKED LIQUID FUEL LOCKER PROVIDED BY CAMP.**
- ➔ **NO RUNNING IN CAMP**, except in an athletic field or sporting event. *In an emergency, you may move quickly without running.*
- ➔ **NO PETS** allowed by campers or visitors.
- ➔ **APPROPRIATE FOOTWEAR** is required at all times.
- ➔ **THE BUDDY SYSTEM** for Scouts is required for ALL activities in camp!
- ➔ **SMOKING IS ONLY ALLOWED IN DESIGNATED SMOKING AREAS, BY 18+ YEAR OLD ADULTS.** *These areas will be selected by the camp administration.*
- ➔ **ALL VEHICLES, not necessary for the operation of camp, WILL BE KEPT IN THE PARKING LOT.**
- ➔ *Exceptions to the parking rule will be made for those with a physical handicap through arrangements with the Camp Director.* Parking passes will be issued to troops on Sunday and Friday afternoons in order to transport supplies to your campsite. The no vehicle policy is for the safety of our Scouts, leaders and guests.
- ➔ **YOUTH PROTECTION GUIDELINES, as established by the Pine Tree Council and the BSA, ARE TO BE ENFORCED AT ALL TIMES.** *Any physical, emotional, sexual or neglectful abuse must be reported to the Camp Director immediately so the proper steps can be taken to protect the Scout.*
- ➔ **SCOUTS & LEADERS LEAVING/ ENTERING CAMP AT ANYTIME MUST SIGN IN & OUT OF THE CAMP OFFICE.** *No Scout shall be released from camp without the permission of his parent or guardian.*
- ➔ **VALUABLES SHOULD BE LEFT AT HOME!** Please encourage Scouts to leave all electronic or expensive equipment at home. Advise your Scouts not to leave valuable items they do have in camp unlocked in their campsites. *Camp is not responsible for damaged or lost items during your stay.*



Signing In, Signing Out & Visitors

Scouts Leaving Camp

Campers are not to leave camp during the camping period without the approval of their parent, unit leader, and the Camp Director. With this prior approval, a Scout may leave the camp with a responsible adult who must sign-in and sign-out in the Camp Office. Scouts leaving early or for part of the day must have proper permission from his parent / legal guardian.

Leaders Leaving Camp

Leaders who must leave camp for any reason must advise the Camp Office at the time of departure and return. Do not leave your Webelos without an adult leader who is at least 21 years old. Leaders planning to alternate should wait until their replacement arrives before they leave to assure that the Scouts are well supervised at all times.

Visitors

Visitors are welcomed in camp, but please understand that everybody is on a busy schedule and Scouts prone to homesickness may do better without visitors. ***All visitors must sign in and out at the camp office.*** Remember that camp facilities are primarily for the use of campers and leaders. All vehicles will remain in the parking lot. *Tickets for Visitor meals may be purchased in the trading post.*

Dining Hall & Meals

Meals are prepared by our kitchen staff and served in the dining hall. The camp menu has been designed and dietician approved to ensure that properly balanced meals are being served to the growing young boys who visit camp each summer. *A copy of the camp menu will be posted in the dining hall.* You will be assigned tables at the dining hall by the Dining Hall Steward based on the number of people in your group. Webelos will assist with the setting of the tables and clearing after the meals.

Special Meals

Arrangements can be made with the cook for those with special dietary concerns (religious or health based). Please contact the camp at least one week prior to your arrival at camp for special diets so that arrangements can be made and food can be ordered.



Your Campsite!

Campsite Supplies

A broom, shovel, rakes, fire buckets and water hose will be kept in each campsite. Equipment that is lost or broken due to misuse will be charged to the unit.

Campsite Inspection

Camp Commissioners will inspect each campsite on a daily basis for cleanliness, safety, conservation, organization, and Scout Spirit. Pack inspection sheets are posted in each campsite. The top campsites will be recognized at the closing campfire.

Camp Good Turns

A scout is helpful and clean. Each day the campsites are responsible for assisting in keeping the camp clean. Good turns can be done directly after lunch. Schedules for good turns will be posted in each campsite.

Fire Protection

Please use care around the campfires in your site. Only established campfire rings may be used for fires. NO liquid fuel may be used to start any fires. No open flames of any type are permitted in or around any tent. Every site must use their Fireguard Chart. Please ensure the chart is filled out everyday. The fire barrel must be filled and the fire buckets placed around the fire ring are full.

Showers and Bathroom Facilities

Hot showers with individual stalls are available for all Scouts and Leaders. There is also a handi-capped accessible shower facility. Bathrooms and hand washing basins are found in each campsite.

Sleep and Quiet Hours

Getting enough sleep can make a difference between having a great or poor week at camp! Camp Leaders should see that their Scouts are in the campsite by 8:30 PM and quiet time is observed from 9:00 PM - 7:00 AM.

Siesta

A siesta is scheduled for rest time everyday directly following lunch. All Scouts are to be in their campsites during this time. No program areas will be open during siesta.

Work Projects

Work projects for all different age groups and skill levels are available on a year round basis, not just during camp. Many recent improvements have been made to our camp facilities with the help of many volunteers. Projects are carried out under the supervision and direction of the Council's Property Superintendent, Bob Gosselin. Interested volunteers can contact Bob at (207) 655-4878.



Uniforms

Camp Hinds has a long established tradition of wearing uniforms in camp. The official BSA summer uniform is suggested for Scouts and Leaders. The Class "A" includes uniform shirt and Scout shorts, socks, and belt (if you have them). The Class "A" uniform will be worn at flag lowering ceremonies, supper, and campfires. Our staff is in uniform at all times, unless their job requires something else. During the day Scouting T-shirts are appropriate. The '2010 camp T-shirt, hats and other items will be available in the Trading Post for those that would like to purchase them.

Scouts With Special Needs

Camp Hinds is committed to assisting all Scouts. If you have any needs that require special attention, auxiliary aids or any reasonable accommodations, please let us know at least two weeks prior to your arrival at camp.

The Trading Post

Camp has a Trading Post, which is like a general store. The Trading Posts offer handicraft items, candy, souvenirs, soda, stamps, T-shirts, patches, etc. The amount of money each Scout brings is an individual matter and should be determined by the Scout and his parents. *You can pre-order many of the 2011 Camp Hinds specialty items with the Trading Post Pre-Order Form which will be available on our web site at www.camphinds.org*

Den Photos

Again this year, camp will be offering den photos! Photos are colored 8 x 10's. **Cost for each photograph will be \$8.00.** A photo order form will be given to each den at camp. Money needs to be collected and turned in with the order form to the Trading Post. Photos will be available before your departure from camp.



What To Bring To Camp!

Each campsite has two-man tents on platforms for all of our Scouts and leaders. Bunks with mattresses or cots, picnic tables with tarps, water buckets, a flagpole, and a bulletin board are also provided in each campsite. Dens are encouraged to spruce up their campsite with Pack flags or banners, cooking equipment, and lanterns. Dens may want to bring along sports equipment, paper products, water jugs and campsite games.

Recommended equipment

Summer Scout uniforms	Extra shorts, T-shirts, pants
6 Pairs of socks & underwear	Pajamas
Toilet kit, towels	Bathing suit
Hiking shoes	Sneakers
Rain gear	Sleeping bag and pillow
Water bottle	Hat
Light jacket	Sunscreen
Pocket knife	Spending money

Optional gear

Laundry bag	Camera	Compass	Sunglasses
First aid kit	Bug Spray	Bible or prayer book	

DO NOT BRING

Radios	Laptops
Fireworks	Alcohol or drugs
Sheath knives	Televisions
Bows and arrows	Firearms
Aerosol Can Products	Electronic games
iPod/CD Player/etc.	Pets
Cell Phones	

Valuables ~ Please leave valuables at home!

A footlocker or duffle bag to store your belonging in your tent, with lock is recommended. Camp Hinds is not responsible for lost items.



Directions to Camp Hinds 146 Plains Road, Raymond

Plains Road is between Route 85 and 121, both of which intersect Routes 302 and 11.

From the South:

- * Take exit 48 Westbrook of the Maine Turnpike
- * Turn right onto Riverside Street
- * Turn left at the third traffic light onto Route 302 West
- * Go 15 miles and turn right at the traffic light onto Route 85
- * Drive 6 miles on Route 85 past the Jordan Small School
- * Turn left onto Plains Road at the bottom of the hill
- * Camp is 1/2 miles on left

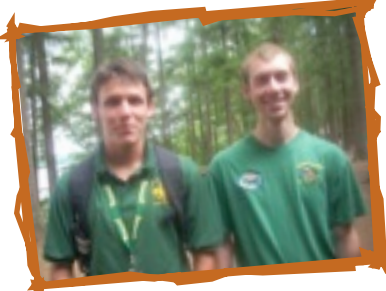
From the North:

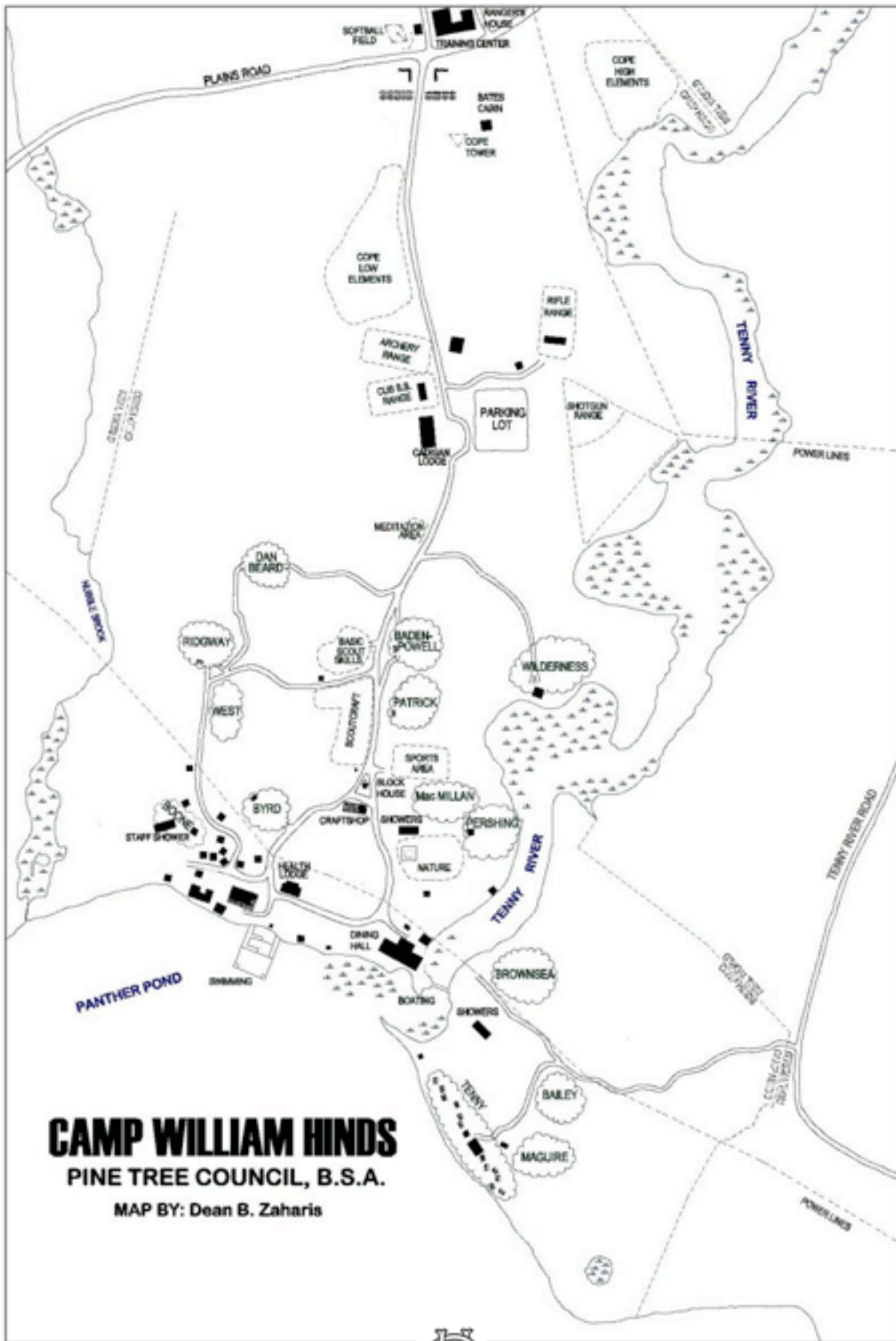
- * Take exit 63 Gray off the Maine Turnpike
- * Turn left onto Route 202, go 0.5 miles
- * Turn right onto Route 26a
- * Go 3 miles and turn left onto North Raymond Road (Dry Mills Store)
- * Go 1.0 mile and turn left onto Egypt Road
- * Go 4.0 miles, at end of Egypt Road, take right onto route 85
- * Go 1.8 miles, past schools and down a large hill
- * Turn left onto Plains Road
- * Camp is 0.3 miles on left



Camp Paperwork

All paperwork needed for camp is enclosed in the following pages. Feel free to make additional copies of information to pass on to yours Scouts and their families.





Webelos Resident Camp Registration Form

**To sign up for Camp: 1. Fill out the appropriate form for den or provisional camper.
2. Send in registration form with \$10.00 deposit per Scout to Pine Tree Council.**

For Den Use:

Webelos coming as a den with their own leaders:

Pack #	Town:
District:	1 st Year Webs _____ 2 nd Year Webs _____
Webelos Leader:	
Email address:	
Address:	
City:	State/Zip:
Telephone-Home:	Work:
Camp Leader (if different from above):	
Address:	
City:	State/Zip:
Telephone-Home:	Work:

Please Circle The Session You Are Attending:

Session 1: August 14 - 17
Session 2: August 17 - 20

Camp Fees: For Scouts coming with dens

\$180 per Scout \$160 if paid in full by May 1, 2011

Approximate: # of Scouts _____ # of Adults _____

Site Deposit of \$10 per scout required.

Total fee enclosed \$ _____

Mail Registration To:

**Pine Tree Council
131 Johnson Road
Portland, ME 04102**

Provisional Scouts:

(Individual Scouts coming without their own Unit leadership)

Scout's Name:	
Mailing Address:	
Town:	State: Zip:
Parent's Name:	
Email address:	
Phone-Day:	Night:
Pack#	1 st Year Webelos _____ 2 nd Year Webelos _____

Please Circle The Session You Are Attending:

Session 1: August 14 - 17
Session 2: August 17 - 20

Provisional Webelos Camp Fee:

\$190 for individual Scouts \$170 if paid by May 1, 2011

Deposit of \$10.00 required Amount enclosed \$ _____

Reservation Policy:

- Site Deposits- \$10.00 per person is required to reserve a campsite for your den. Or \$10.00 per provisional Scout.
- For the Early Bird Discount the entire fee must be paid in full by May 1, 2011. Otherwise, the bill must be paid in full 2 weeks prior to the start of camp.
- Adult Leader Fees: Two adult leaders go free with the first five youth. One additional adult goes free for each additional five youth. Extra adult leaders & den chiefs are charged \$45.00 each

PTC Refund Policy

Individuals or groups that cancel a program reservation 30 days prior to the date of the event will receive a refund of fees paid less a 15% administrative charge. No refunds will be made after the 30-day cancellation period.

2011 Webelos Resident Camp

Camp William Hinds

Pack Roster

Pack # _____ Cubmaster (at Camp) _____

Phone # _____ E-mail Address _____

Adults

Time In Camp

<u>Name</u>	<u>Full Session</u>	<u>Days Only</u>	<u>Nights Only</u>	<u>Other (explain)</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

Youth

- | | |
|-----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |
| 11. _____ | 12. _____ |
| 13. _____ | 14. _____ |
| 15. _____ | 16. _____ |
| 17. _____ | 18. _____ |
| 19. _____ | 20. _____ |
| 21. _____ | 22. _____ |

Annual Health and Medical Record

(Valid for 12 calendar months)

Policy on Use of the Annual Health and Medical Record

In order to provide better care for its members and to assist them in better understanding their own physical capabilities, the Boy Scouts of America recommends that everyone who participates in a Scouting event have an annual medical evaluation by a certified and licensed health-care provider—a physician (MD or DO), nurse practitioner, or physician assistant. Providing your medical information on this four-part form will help ensure you meet the minimum standards for participation in various activities. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

Parts A and B are to be completed at least annually by participants in all Scouting events. This health history, parental/guardian informed consent and hold harmless/release agreement, and talent release statement is to be completed by the participant and parents/guardians.

Part C is the physical exam that is required for participants in any event that exceeds 72 consecutive hours, for all high-adventure base participants, or when the nature of the activity is strenuous and demanding. Service projects or work weekends may fit this description. Part C is to be completed and signed by a certified and licensed health-care provider—physician (MD or DO), nurse practitioner, or physician assistant. It is important to note that the height/weight limits must be strictly adhered to when the event will take the unit more than 30 minutes away from an emergency vehicle-accessible roadway, or when the program requires it, such as backpacking trips, high-adventure activities, and conservation projects in remote areas.

Part D is required to be reviewed by all participants of a high-adventure program at one of the national high-adventure bases and shared with the examining health-care provider before completing Part C.

- **Philmont Scout Ranch.** Participants and guests for Philmont activities that are conducted with limited access to the backcountry, including most Philmont Training Center conferences and family programs, will not require completion of Part C. However, participants should review Part D to understand potential risks inherent at 6,700 feet in elevation in a dry Southwest environment. Please review specific registration information for the activity or event.
- **Northern Tier National High Adventure Base.**
- **Florida National High Adventure Sea Base.** The PADI medical form is also required if scuba diving at this base.

Risk Factors

Based on the vast experience of the medical community, the BSA has identified the following risk factors that may limit your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on www.scouting.org.

Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

Frequently Asked Questions (FAQs)

- Philmont Scout Ranch: www.philmontscoutranch.org or 575-376-2281
- Northern Tier National High Adventure Base: www.ntier.org or 218-365-4811
- Florida National High Adventure Sea Base: www.bsaseabase.org or 305-664-5612
- National Scout Jamboree: www.bsajamboree.org

For frequently asked questions about this Annual Health and Medical Record, see Scouting Safely online at <http://www.scouting.org/scoutsource/HealthandSafety.aspx>. Information about the Health Insurance Portability and Accountability Act (HIPAA) may be found at <http://www.hipaa.org>.



BOY SCOUTS OF AMERICA®

Annual BSA Health and Medical Record

Part A

GENERAL INFORMATION

High-adventure base participants:

Expedition/crew No.: _____
or staff position: _____

Name _____ Date of birth _____ Age _____ Male Female
Address _____ Grade completed (youth only) _____
City _____ State _____ Zip _____ Phone No. _____
Unit leader _____ Council name/No. _____ Unit No. _____
Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
Health/accident insurance company _____ Policy No. _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:

Name _____ Relationship _____
Address _____
Home phone _____ Business phone _____ Cell phone _____
Alternate contact _____ Alternate's phone _____

HEALTH HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma Last attack: _____	
		Diabetes Last HbA1c: _____	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure: _____	
		Sleep disorders (e.g., sleep apnea)	Use CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Abdominal/digestive problems	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

Exemption to immunizations claimed (form required).

(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on Scouting.org.)

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____

Administration of the above medications is approved by (if required by your state): _____ / _____
Parent/guardian signature and/or MD/DO, NP, or PA signature

Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

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Emergency contact No.:

Allergies:

DOB:

Full name:

Part B

INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

High-adventure base participants:

Expedition/crew No.: _____
or staff position: _____

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

- Without restrictions.
- With special considerations or restrictions (list) _____

TALENT RELEASE AGREEMENT

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

- Yes No

ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:

You must designate at least one adult. Please include a telephone number.

- 1. Name _____ Telephone _____
- 2. Name _____ Telephone _____
- 3. Name _____ Telephone _____

Adults NOT authorized to take youth to and from events:

- 1. Name _____
- 2. Name _____
- 3. Name _____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

If I am participating at Philmont, Philmont Training Center, Northern Tier, or Florida Sea Base: I have also read and understand the risk advisories explained in Part D, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider.

Participant's name _____

Participant's signature _____ Date _____

Parent/guardian's signature _____ Date _____

(if participant is under the age of 18)

This Annual Health and Medical Record is valid for 12 calendar months.

Part B Full name: _____ **DOB:** _____

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High-adventure base participants:

Expedition/crew No.: _____
 or staff position: _____

Part C

TO THE EXAMINING HEALTH-CARE PROVIDER (Certified and licensed physicians [MD, DO], nurse practitioners, and physician's assistants)

You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program at one of the national high-adventure bases, please refer to Part D for additional information.

(Part D was made available to me. Yes No)

PHYSICAL EXAMINATION

Height (inches) _____ Weight (pounds) _____ Maximum weight for height _____ Meets height/weight limits Yes No
 Blood pressure _____ Pulse _____ Percent body fat (optional) _____

If you exceed the maximum weight for height as explained on this page and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle-accessible roadway, you **will not** be allowed to participate. At the discretion of the medical advisors of the event and/or camp, participation of an individual exceeding the maximum weight for height may be allowed if the body fat percentage measured by the health-care provider is determined to be 20 percent or less for a female or 15 percent or less for a male. (Philmont requires a water-displacement test to be used for this determination.) Please call the event leader and/or camp if you have any questions. Enforcing the height/weight guidelines is strongly encouraged for all other events.

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs							
Neurological				Other	Yes	No	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			Explain
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			
Tuberculosis (TB) skin test (if required by your state for BSA camp staff)				<input type="checkbox"/> Negative	<input type="checkbox"/> Positive		

Allergies (to what agent, type of reaction, treatment): _____

Restrictions (if none, so state) _____

EXAMINER'S CERTIFICATION

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant

- Meets height/weight requirements
- Does not have uncontrolled heart disease, asthma, or hypertension
- Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from their orthopedic surgeon or treating physician
- Has no uncontrolled psychiatric disorders
- Has had no seizures in the last year
- Does not have poorly controlled diabetes
- If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures

Provider printed name _____

Address _____

City, state, zip _____

Office phone _____

Signature _____

Date _____

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

DO NOT WRITE IN THIS BOX

REVIEW FOR CAMP OR SPECIAL ACTIVITY

Reviewed by _____ Date _____

Further approval required Yes No Reason _____

By _____ Date _____

Part C Full name: _____ **DOB:** _____

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CAMP EMERGENCY MEDICATION PLAN

Scout's Name: _____ Date of Birth: _____ Pack or Troop #: _____
Camp Hinds Camp Telephone & Fax: 207-655-4878

TO BE COMPLETED BY PARENT OR GUARDIAN:

I authorize the exchange of medical information about my child's asthma between the physician's office and camp nurse.

Parent or Guardian signature: _____ Date: _____

Parent or Guardian tel.# home: _____ work: _____ cell phone: _____

Physician/Healthcare Provider Name: _____ Parent concerns: _____

My child may carry and use his/her: inhaled asthma medicine Yes No Epi-Pen Yes No N/A

TO BE COMPLETED BY CAMPER'S PHYSICIAN/HEALTHCARE PROVIDER:

Provider name: _____ Tel.#: _____ Fax# _____

NO changes from previous plan

Peak Flow:

Child's predicted, or personal best peak flow: _____ Date: _____

Child's Green Zone: _____ Yellow Zone: _____ Red Zone: below _____

Medications:

Preventive (Controller) Medications: _____

Quick Relief Medications: (check the appropriate quick relief med, circle device, list dose/frequency):

- Albuterol (Proventil, Ventolin) Pirbuterol (Maxair) Other: _____
- ▶ Inhaler with spacer OR nebulizer ▶ Dose/Frequency: _____

Allergies /Triggers for asthma: None known

- Avoid animals
- Other triggers to avoid: _____

Exercise Pretreatment Instructions (check all that apply)

- Give 2 puffs of quick relief inhaler 15 minutes prior to recess/ physical education and/ or _____
- May repeat 2 puffs of quick relief inhaler if symptoms recur with exercise, or _____
- Measure Peak Flow prior to recess / physical education; restrict aerobic activity when child's peak flow is below _____

Asthma Exacerbation Treatment Instructions:

- **YELLOW ZONE: If child is coughing, wheezing or short of breath, and/or peak flow is in Yellow Zone:**
 - Give 2 puffs of child's quick relief inhaler with spacer (or nebulizer treatment). May be repeated in 10 minutes if doesn't recover to Green Zone. Notify parents of exacerbation.
 - Other: _____
- **RED ZONE: If child is in respiratory distress, and/or peak flow is in Red Zone:**
 - Give 4 puffs quick relief inhaler (or nebulizer treatment), and call parent and Healthcare Provider.
Call 911 if child does not improve quickly or parents/Healthcare Provider cannot be reached.
 - Other: _____

Special Instructions:

Maine law now permits campers to carry and use inhaled medications and Epi-pen after demonstrating appropriate use of Inhalers and or Epi-Pen to camp nurse. Please check appropriate boxes below:

- This camper has the knowledge and skill to carry and use: Inhaled medication Epi-pen
- This camper is not able to carry and use by himself/herself: Inhaled medication Epi-pen
- Please contact Healthcare Provider and parent if camper is using quick relief medicines more than 2 times a week (i.e. in excess of pre-exercise treatment)

Other: _____

Healthcare Provider signature

Date

TO BE COMPLETED BY CAMP NURSE:

This camper demonstrates knowledge and skill to carry and use:

Inhaler medications YES NO

Epi-Pen YES NO N/A

Camp Nurse Signature

Date

(revised for camp use 1/1/2007)

CAMP EMERGENCY MEDICATION PLAN

ASTHMA PLAN INSTRUCTIONS

Every camper with asthma should have a current Camp Emergency Medication Plan completed and signed by their physician (or other health care provider) and kept on file in the camp nurse's office. The form must also be signed by a parent/guardian. The plan should be updated each year or when there are major changes to the plan (such as in medication type or dose). The physician's office is encouraged to fax the plan to the camper's camp nurse.

The camp plan is intended to strengthen the partnership of families, healthcare providers and the camp. It is based on the NHLBI Guidelines for Asthma Management. (For more information contact the camp nurse or www.nhlbi.nih.gov).

CARRYING AND ADMINISTERING QUICK RELIEF INHALERS and/or Epi-Pen:

- Most campers are capable of carrying and using their quick relief inhaler by themselves. The camper, camper's parents, camp nurse and healthcare provider should make this decision. The camp nurse must also evaluate technique for effective use.
- The appropriate boxes must be checked by the parent, provider and camp nurse to indicate the camper's ability to carry and self-administer these medications.

USE OF QUICK RELIEF MEDICATIONS MORE THAN TWICE WEEKLY:

- This indicates poor control of asthma, and providers should be notified by the camp nurse or designated staff.

PEAK FLOW ZONES (based on camper's personal or predicted best):

Green zone: Peak flow 80-100%

- Symptoms and/or use of quick relief medication ≤ 2 times a week
- Use daily controller medication at home
- Full participation in physical education and sports

Yellow zone: Peak flow 50-80%

- Has symptoms or needs quick relief medication >2 times a week
- Needs quick relief medication and further observation by camp nurse; notify parents
- Attend physical education but restrict strenuous aerobic activity

Red zone: Peak flow $<50\%$

- Symptoms may include shortness of breath, retractions, difficulty talking or walking; quick relief medication not effective
- Requires immediate action, close monitoring and notification of parent and healthcare provider

CAMBERSHIP APPLICATION

DEADLINE: APRIL 1, 2011

It is the intent of the Council Campership fund, to provide assistance to youth in securing the necessary funds to experience an outdoor Scouting Adventure. Realizing that families occasionally are not in the financial position to pay for their son to attend a camping experience, the campership funds are made available to assist those Scouts with a financial need. Camperships are available to individuals with a financial need and are to support and supplement other sources of funding, such as family, unit, sponsor and/or other sources.

All information requested on this form must be completed for the Campership Application to be accepted for processing. *All information on this form is confidential.*

(Please Print)

Youth's Name: _____ Pack/Troop # _____

Address: _____

City: _____ St/Zip: _____

Telephone: _____ District: _____

Has this Scout received a Pine Tree Council Campership in the past? Yes No

Does his Pack/Troop conduct a fundraiser(s) for camp? Yes No

Popcorn Sale? Yes No

Other ? _____ Yes No

Did this Scout participate? Yes No

Which camp do you plan to attend: (check one)

Hinds Boy Scout Camp _____	York Day Camp _____
	Abnaki Day Camp _____
	Casco Bay Day Camp _____
Webelos Resident Camp _____	Downeast Day Camp _____
	K-Valley Day Camp _____

Name of Unit Leader: _____ Date: _____

Address: _____

City: _____ State/Zip: _____

Unit leader signature: X _____

PINE TREE COUNCIL

BOY SCOUTS OF AMERICA

The Pine Tree Council believes that each Scout should contribute something towards camp. This policy also allows us to utilize our limited funds for more individuals. It should be understood that we do not award camperships for Funpack Weekends, or extra weeks at camp.

Contribution from boy and family: _____
 Contribution from Troop/Pack: _____
 Contribution from sponsor: _____
 Contribution from fundraiser: _____
 TOTAL CONTRIBUTIONS: _____

CAMP FEE: _____ AMOUNT REQUESTED FROM CAMPERSHIP FUND: _____

All information requested on this form must be completed for the Campership Application to be accepted for processing.

Confidential Information (must be complete):

Father's occupation: _____

Mother's occupation: _____

Total number of people in household _____

Do you qualify for free or reduced school lunch? _____

Do you receive any other federal or state aid? _____ If yes, please explain _____

Gross annual family income as of application date:

_____	Below \$10,000
_____	\$10,001-\$15,000
_____	\$15,001 - \$20,000
_____	\$20,001- \$25,000
_____	\$25,001- \$30,000
_____	\$30,001 - \$40,000
_____	\$40,000 or above

Parent or Guardian Statement: I am requesting financial assistance because _____

Signature of Parent: X _____ Date: _____

Please return to:
Campership Committee
Pine Tree Council, Inc.
Boy Scouts of America
131 Johnson Rd
Portland, ME 04102

APRIL 1st DEADLINE!!!

OFFICE USE ONLY

Action of Committee:
Not Approved: _____ Approved: _____ Amount: \$ _____ Initials: _____

Camper.Doc

Be sure to complete both sides...