

2009 BEAR HIBERNATION GATEWAY & SCENIC DISTRICTS

(A Lock-in for Third Grade Bear Cubs and Parents)



Activities Galore:

WHAT A NIGHT! Activities will include swimming, “the snakeman”, fire department event, sports, pizza and pop, movies, crafts and much more!

What:

An incredible lock-in for third grade Bear Cub Scouts and parents.

When:

Friday night, April 3, 2009. Trading post will be open.
Check-in is between 6:30 and 7:15 p.m. **(Please plan to arrive by Pack.)**
Departure is at 6:30 a.m. on Saturday as a pack, **UNLESS WITH PRIOR NOTICE. NO BOY IS TO BE LEFT AT HALENBECK HALL UNATTENDED WAITING FOR A RIDE! YOU MUST CHECK OUT WITH STAFF BEFORE LEAVING.**

Where:

Halenbeck Hall South
St. Cloud State University
5th Avenue & 10th Street South
St. Cloud, MN **(Park on the west side and enter door 8)**

From highway 23 or Division Street, exit on 9th Ave S then turn left at 10th Street South and right on 5th Ave S, M lot is on your left.

Who:

Bear Cub Scouts **MUST** be accompanied by adults: 5 boys to 1 adult ratio (example 14 boys need 3 adults). Adults are responsible for supervision of boys’ behavior at the event. **IN ORDER TO PROVIDE A QUALITY PROGRAM, A MINIMUM OF 250 BEAR CUBS AND 180 ADULTS MUST BE REGISTERED BY MARCH 20.** THE DISTRICT ACTIVITIES COMMITTEE RESERVES THE RIGHT TO CANCEL DISTRICT EVENTS NOT MEETING MINIMUM REQUIREMENTS.

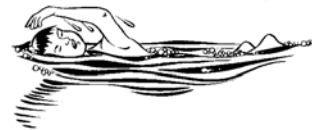
Cost:

\$20 per Bear Cub and **\$15** per adult by 4 p.m. on Thurs March 19, 2009. Fees cover program materials, facility rental, T-shirt, entertainment, demonstrations and a midnight snack. Fee is transferable to another Cub Scout but not refundable. **(Check payable to Central Minnesota Council.)**

Bring:



- * **new** health form/permission slips (one for each boy and each adult)
- * sleeping bag (or blankets) and pillow
- * swimming suit AND towel
- * ice skates
- * **SMALL** bills for the trading post



FREE T-SHIRT:

A Bear Hibernation T-shirt will be given to every Bear Cub Scout and adult who has the registration and payment into the Scout Service Center by 4:00 p.m. Thursday, March 19.

How to Register:

All Bear dens should distribute enough health forms/permission slips for each boy and adult (you will need to make copies of the slip). Boys and adults **must bring** completed slip to the event in a folder/binder. Determine the number of boys and adults attending, fill out the enclosed registration form and mail it before March 18 (so we get it March 19). **YOU MUST INCLUDE THE FEES!** Anyone not pre-registered may participate, but we cannot guarantee enough program supplies, food or T-shirts.

GATEWAY/SCENIC DISTRICT BEAR HIBE REGISTRATION

Pack Number _____ Town _____

Key Adult:

Name _____ Phone (Day) _____ (N) _____

Address _____ City _____ Zip _____

Email _____ (t-shirt sizes need not be noted- exchanges are ok)

Names of Cub Scouts Attending:

- | | |
|----------|-----------|
| 1. _____ | 9. _____ |
| 2. _____ | 10. _____ |
| 3. _____ | 11. _____ |
| 4. _____ | 12. _____ |
| 5. _____ | 13. _____ |
| 6. _____ | 14. _____ |
| 7. _____ | 15. _____ |
| 8. _____ | 16. _____ |

Names of Adults Attending:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

(use additional sheet if necessary)

MAIL TO: Gateway/Scenic District Bear Hibernation, Central Minnesota Council, BSA, 1191 Scout Drive, Sartell, MN 56377

Number of boys _____ X \$20.00 (by March 19, 2008) = _____

Number of adults _____ X \$15.00 (by March 19, 2008) = _____

TOTAL FEES = _____

Enclose ONE CHECK per Pack please, payable to Central Minnesota Council, BSA. Fees are transferable to another Scout, but not refundable.

NOTE: Minimum attendance requirements: 250 registered Scouts and 180 adult leaders by March 20, 2009 - so sign up today!

BEAR HIBERNATION HEALTH FORM/PERMISSION SLIP

(Please photocopy, give to each parent, and then bring all permission slips to the Hibernation.)

I give permission for my son _____ to attend the Bear Hibernation Lock-in. I understand that I will be responsible for transporting my son to and from the event or making other arrangements.

I give permission for my son to do the BB Gun & archery station. (Circle one) Yes; No ___ Parent's Initials

Allergies: _____ Tetanus Current - Yes No

Current Medications: What _____ When _____

Medical Problems (i.e. diabetes, seizures, etc.) _____

In case of emergency, I can be reached at this phone number(s) _____

Signed _____ Date _____ Pack # _____

Date: Friday night, April 3, 2009 to Saturday, morning April 4, 2009

Location: Halenbeck Hall South, St. Cloud State University

Time: Check-in between 6:30 p.m. and 7:15 p.m. Friday

Depart promptly by 6:30 a.m. Saturday

What to bring: Completed **new medical form**, permission slip, ice skates, swimsuit (no cut-offs), towel & bag, sleeping bag or blanket, pillow. Wear a Scouting T-shirt or uniform but not a neckerchief. **SMALL BILLS for the trading post.**

*** Make sure Scouts eat a good meal before arriving. A pizza snack will not be served until 1 AM.**

A trading post will be open for boys to purchase snacks. SMALL BILLS ONLY.

ADULT HEALTH INFORMATION

NAME _____ Birth date _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

Allergies: _____ Tetanus Current - Yes No

Current Medications:

What _____ When _____

Medical Problems (i.e. diabetes, seizures, etc.) _____

In case of emergency, please contact: _____ at this phone number(s) _____

Signed _____ Date _____ Pack # _____

Date: Friday night April 3, 2009 to Saturday morning April 4, 2009

Location: Halenbeck Hall South, St. Cloud State University

Time: Check-in between 6:30 p.m. and 7:15 p.m. Friday

Depart promptly by 7:00 a.m. Saturday

What to bring: Completed **new medical form**, permission slip, ice skates, swimsuit (no cut-offs), towel, sleeping bag or blanket, pillow AND bag for swim suit. Wear a Scouting T-shirt or uniform but not a neckerchief.

A trading post will be open to purchase snacks. SMALL BILLS ONLY.