

# Catholic Camporee Leader & Participant Guide

## Eucharistic Adoration

*“Be a Catholic: When you kneel before an altar, do it in such a way that others may be able to recognize that you know before whom you kneel”*

*St. Maximilian Kolbe*



**November 3-5, 2023**

Registration opens Sept 15, 2023

**CRICKET HOLLER SCOUT CAMP  
6675 Brantford Rd, Dayton, OH 45414**

**ARCHDIOCESE OF CINCINNATI  
CATHOLIC COMMITTEE ON SCOUTING**

*Version 1.2 August 22, 2023*

*(v 1.1: dates updated on forms, v 1.2 added BSA requirement for overnight adult registration)*

# Cricket Holler Scout Camp

## Miami Valley Council, BSA

### Campsite Map

#### LEGEND

- Road, Camp road
- Vehicle track, Footpath
- Small footpath, Indistinct small path
- Path with bridge, without bridge
- Path junctions: distinct & indistinct
- Impassable cliff, Passable rock face
- Campfire ring, Tower
- Permanent orienteering marker
- Stone wall, Fence, High fence
- Open water, Water source
- Crossable stream, Minor channel
- Pipeline
- Building, Small building
- Paved area
- Camp boundary

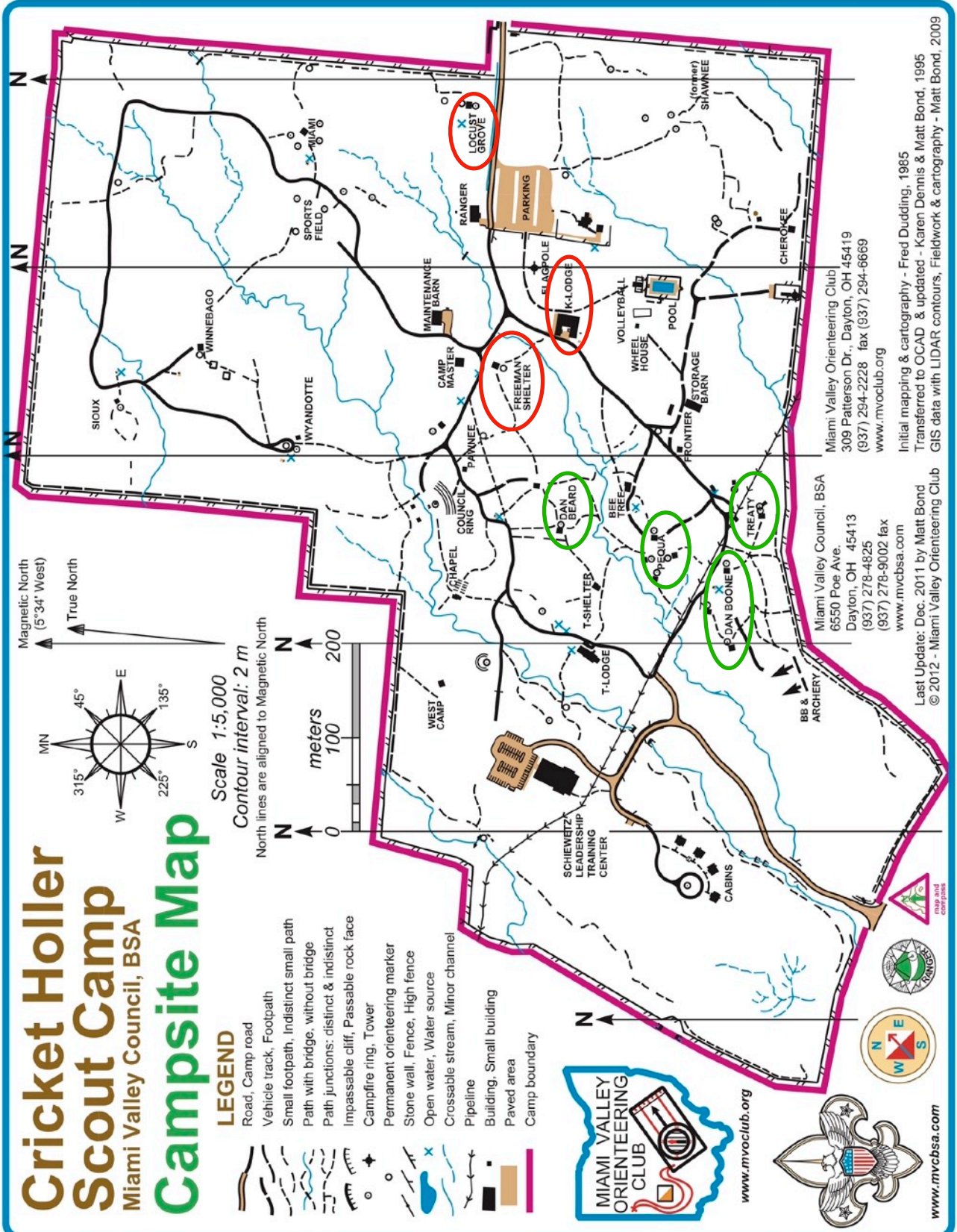
Scale 1:5,000

Contour interval: 2 m

North lines are aligned to Magnetic North



Magnetic North  
(5°34' West)



[www.mvoclub.org](http://www.mvoclub.org)



[www.mvcbasa.com](http://www.mvcbasa.com)

Miami Valley Orienteering Club  
309 Patterson Dr., Dayton, OH 45419  
(937) 294-2228 fax (937) 294-6669  
[www.mvoclub.org](http://www.mvoclub.org)

Miami Valley Council, BSA  
6550 Poe Ave.  
Dayton, OH, 45413  
(937) 278-4825  
(937) 278-9002 fax  
[www.mvcbasa.com](http://www.mvcbasa.com)

Initial mapping & cartography - Fred Dudding, 1985  
Transferred to CCAD & updated - Karen Dennis & Matt Bond, 1995  
© 2012 - Miami Valley Orienteering Club  
GIS data with LIDAR contours, Fieldwork & cartography - Matt Bond, 2009

- Camporee program sites
- Camporee unit camp sites

Planned Event Schedule: *Final schedule & group assignment provided at check-in.*

<b>Friday</b>	Event	Location		
5:00 PM - 8:00 PM	Check-in and camp setup	K-Lodge, then in camp		
9:00 PM	1) Unit cracker barrel (provided by each troop) 2) SM & SPL Meeting & CB	In camp K-Lodge		
10:00 PM	Compline (Night prayer)	K-Lodge		
10:45 PM	Lights out	in camp		
<b>Saturday</b> 07:00 - 8:45 AM	Reveille, Breakfast, Morning Prayer (Lauds)	in camp		
	<b>Divide into assigned groups for Saturday Program. NOTE: this is a NOTIONAL group schedule. Detailed final schedules will be provided at Friday check-in.</b>			
	<b>GROUP A</b>		<b>GROUP B</b>	
09:00-9:55 AM	Jesus in Fact & Faith	K-Lodge	First Aid Challenge	Freeman Shelter
10:00-10:55 AM	First Aid Challenge	Freeman Shelter	Jesus in Fact & Faith	K-Lodge
11:00- 11:55 AM	Adoration Patch Prep	K-Lodge	Leadership game	Locust Grove Shelter
12 Noon - 12:55 PM	Lunch	in Camp	Lunch	In Camp
1:00 - 1:55 PM	Leadership game	Locust Grove Shelter	Adoration Patch Prep	K-Lodge
2:00 - 2:55 PM	Personal Reflection	In camp	Personal Reflection	In camp
3:00 - 4:00	Vocations Panel	K-Lodge	Vocations Panel	K-Lodge
	<b>End of divided program</b>			
4:00 PM	Pot Luck Dinner Prep	In camp		
5:30: - 6:30 PM	Pot Luck Dinner	K-Lodge		
6:30-7:00 - PM	Vespers	K-Lodge		
7:00-8:00 PM	Mass	K-Lodge		
8:00-9:00 PM	Adoration & Compline (night prayer)	K-Lodge		
9:00 - 10:00 PM	Campwide Cracker Barrel & Movie	K-Lodge		
11:00 PM	Lights out	in camp		
<b>Sunday</b>	Breakfast in camp			
9:30 AM	Lauds (morning prayer)	K-Lodge		
10:00 AM	Closing	K-Lodge		
10:30 AM - Noon	Break camp/check out			

# Catholic Camporee 2023 Registration Form

## Eucharistic Adoration

**DUE OCTOBER 25th!** (read further for the extra patch opportunity forms)

Make checks payable to: Archdiocese of Cincinnati

Mail to: ACCoS, % Harry Heaton  
418 Big Stone Dr.  
Beavercreek, OH 45434

Cost: \$20 per participant, youth or adult by Oct 25: \$30 Oct 26 - Nov 3.

(Unit type & #): \_\_\_\_\_

Council: \_\_\_\_\_

District: \_\_\_\_\_

Unit leader name: \_\_\_\_\_

Unit leader phone: \_\_\_\_\_

Unit leader email (print): \_\_\_\_\_

Home parish(es): \_\_\_\_\_

Number of Adults \_\_\_\_\_ x \$20.00 = \$ \_\_\_\_\_

Number of Youth \_\_\_\_\_ x \$20.00 = \$ \_\_\_\_\_

Total by Oct 25, 2023: \$ \_\_\_\_\_

Number of Patrols or Dens participating: \_\_\_\_\_ (roster due at check-in)

I have adult leaders willing to help out with Camporee events. (please contact Mr. Harry Heaton via email at [harryheaton@me.com](mailto:harryheaton@me.com))

*Please contact Mr. Harry Heaton by October 25 if any of your participants have special needs. We will make every effort to accommodate.*

**Note:** Per BSA policy effective 1 Sept. 2023 all overnight adults must be registered leaders. Registration only as a Merit Badge Counselor is insufficient.

**Catholic Camporee 2023 Unit Roster (due at check-in) Unit:**

\_\_\_\_\_ Council: \_\_\_\_\_ District:

Unit leader name: \_\_\_\_\_ BSA# \_\_\_\_\_

Unit leader cell phone: \_\_\_\_\_

2nd leader name: \_\_\_\_\_ BSA# \_\_\_\_\_

2nd leader cell phone: \_\_\_\_\_

Patrol/Crew/Den Name # \_\_: \_\_\_\_\_

Add additional sheets for more patrols or dens: Games & skill challenges are patrol competitions.

**Name Rank**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

7) \_\_\_\_\_

8) \_\_\_\_\_

9) \_\_\_\_\_

10) \_\_\_\_\_

**Additional Adults**

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

Page \_\_\_ of \_\_\_

### **Earning the Camporee Patch:**

In keeping with the US Conference of Catholic Bishops three-year focus on Eucharistic Revival, Scouts will have the opportunity to **earn** the Adoration Faith Activities Patch issued by the National Catholic Committee on Scouting (NCCS). There are specific requirements set by the NCCS for earning the patch which can be satisfied by participating in the program activities, including watching the movie during Saturday cracker barrel. Requirement completion sheets for individual scouts (by name) will be provided at the sessions focusing on patch requirement. **Simply attending the camporee is not sufficient to earn the patch.**

**Camping:** Dan Beard, Dan Boone, Piqua, and Treaty sites are reserved for camporee participants. Note that some of these are large sites, and more than one unit will be assigned to a site. It is recommended that youth use the Adirondack shelters at the sites and adults pitch tents. **Per Sept 1, 2023 BSA policy, ALL adults staying overnight must be registered BSA leaders.** The camporee roster form has space for leader's BSA registration numbers.

Dan Beard: One Adirondack, capacity 8, picnic table & fire ring.

Dan Boone: Three Adirondacks, capacity 30, shelter with tables, fire rings.

Pequa: Four Adirondacks, capacity 36, 4 picnic tables, 3 fire rings.

Treaty: Four Adirondaks, capacity 22, 4 picnic tables, fire rings.

Trailers can be dropped at campsites, but motor vehicles must be removed to the parking area.

**Friday Scoutmaster & Senior Patrol Leader cracker barrel:** This organizational meeting takes place Friday evening at the K-Lodge. Please bring rosters with names and number in each patrol. Patrols will be assigned to either Group A or B for the Saturday program. Cracker barrel for the rest of your unit will be in your camp if you choose to hold one.

**Patrols:** Please organize your unit in patrols of approximately eight. If you provide advance notification (email: [harryheaton@me.com](mailto:harryheaton@me.com)) of lone scouts, we can arrange for them to be assigned to a provisional unit or added to smaller patrols.

**Liturgy of the Hours:** Weather permitting (not raining), Friday Compline will take place at the Sycamore Shelter. A short talk about Saturday events followed by Compline (Night Prayer) led by camporee staff. We'll also be recruiting Scouts to lead upcoming prayer sessions, Saturday Vespers (evening prayer) & Compline and Sunday Lauds (morning prayer). Materials for Saturday Lauds in-camp will be provided.

### **First Aid Challenge:**

Exemplifying the Scout Motto, "Be Prepared", and the Oath phrase, "to help other people at all times", Patrols will be challenged to correctly treat "hurry" cases, within a very short time allotment. Scoring will be based on time required to apply the correct technique. In preparation for these events, it is recommended that leaders and scouts visit the following websites and review the attached posters.

**Stop The Bleed:** <https://www.stopthebleed.org/training/online-course/>

**Hands only CPR:** <https://cpr.heart.org/en/cpr-courses-and-kits/hands-only-cpr>

**Leadership Game:** Patrols and especially patrol leaders will be challenged to complete a scout skills based task. If your patrol has skills through First Class well in hand, you are prepared for this challenge.

**Vocations Panel:** We will conduct a camp-wide vocations panel, offering Scouts the opportunity to ask questions of an ordained priest, a married couple, and a religious single why they chose the life vocation they did, and how it affects their lives. This panel satisfies the life-choices panel for the Pope Pius XII religious emblem, and the interviews of an ordained priest or deacon and a married couple for the Ad Altare Dei emblem.

**Meal planning:** The Camporee will provide the Scoutmaster/SPL cracker barrel and the Saturday evening cracker barrel. All other meals/snacks should be planned and provided by the units and cooked/eaten in camp (see the Pot Luck).

**Saturday Pot-Luck:** Units are to provide a main dish *plus* a side or dessert sufficient for your group to a shared pot-luck Saturday at the K-Lodge. Paper plates, utensils, bread & beverages provided. An hour and a half of prep time is scheduled, so show off your units camp cooking skills! NOTE: the K-Lodge kitchen is NOT available for units for either cooking or cleanup. Your cooking should take place in your campsite.

**Personal Reflection Time:** A block of time in the late afternoon is set aside for individual reflection. We could add another activity or game, but an observation from past events is that every moment should not be programmed. This is intended as a time to ponder on what you have learned in the session, individual prayer, read scripture, think about questions for the vocations panel, or stop into the K-Lodge to ask presenters from the morning sessions a question or two.

**Updates to this Leader's Guide.**

Updates will be posted to <http://archcincyccos.org>.

**Questions, need addition information, would you like to help run an event?**

Please contact Mr. Harry Heaton, via email or phone. Email: [harryheaton@me.com](mailto:harryheaton@me.com)

Phone: 937.902.0581

**Extra Patch Opportunity!!:** The NCCS has released a multi-segment Eucharistic Revival patch, which can be earned through Pentecost of 2025. To see all the segments and requirements to earn them visit: <https://nccs-bsa.org/religious-activities/eucharistic-revival-special-program/> . Submit the parent-signed form below, **for each scout pursuing this patch**, along with your registration to earn the core patch, Adoration rocker and Eucharistic Activity rocker. **Due October 25th.**



**Yes, I'd like to earn the Eucharistic Revival core patch, meeting the requirements before the camporee, and earn the Adoration and Eucharistic Activity segments at the camporee.**

**Requirement for the Core patch:** Attend Mass (all participants) and receive the Eucharist (if made First Communion and have no moral impediment) for 12 weeks, preferably consecutively.

Scouts name: \_\_\_\_\_

Mailing address (in case the earned patch must be mailed).

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent's Certification:** My Scout has completed the requirements above, for the Core patch.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



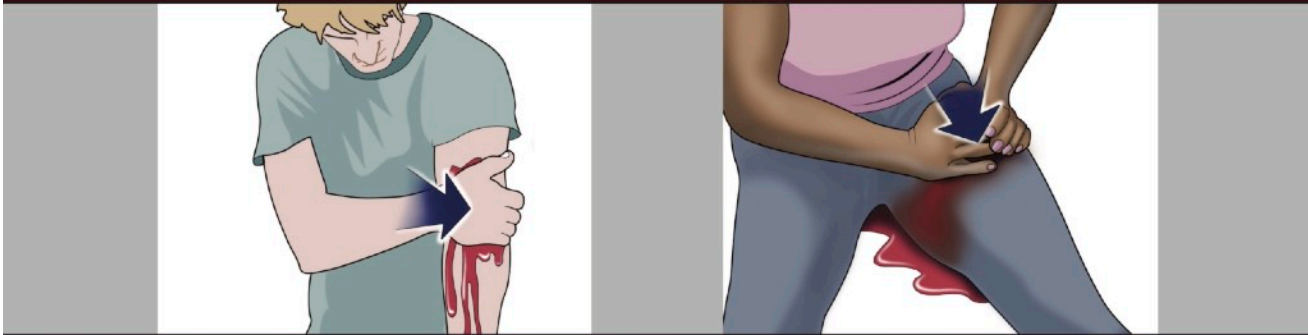
ACS AMERICAN COLLEGE OF SURGEONS



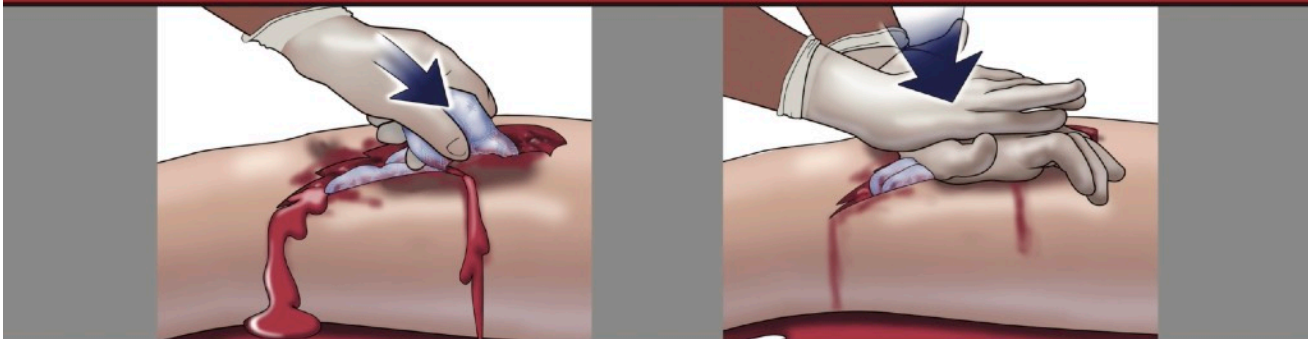
STOPTHEBLEED.ORG

SAVE A LIFE

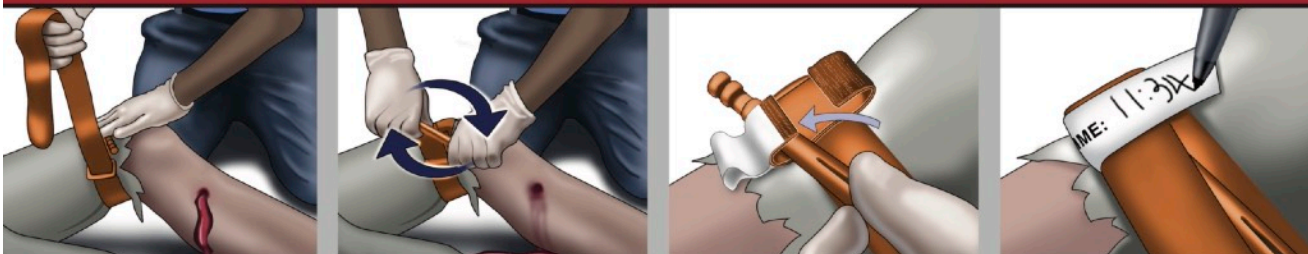
# 1 APPLY PRESSURE WITH HANDS



# 2 APPLY DRESSING AND PRESS



# 3 APPLY TOURNIQUET



WRAP

WIND

SECURE

TIME

# CALL 911

The "STOP THE BLEED" campaign was initiated by a federal interagency working group convened by the National Security Council Staff, The White House. The purpose of the campaign is to build national resilience by better preparing the public to save lives by raising awareness of basic actions to stop life-threatening bleeding following everyday emergencies and man-made and natural disasters. Advances made by military medicine and research in hemorrhage control during the wars in Afghanistan and Iraq have informed the work of this initiative which emphasizes translation of knowledge back to the homeland to the benefit of the general public. "STOP THE BLEED" is a registered service mark of the Department of the Defense. Use of the equipment and the training does not guarantee that all bleeding will be stopped or that all lives will be saved.

© 2021 American College of Surgeons





# Hands-Only CPR



Join a Nation of Heartsavers™ today.

## TWO STEPS TO SAVE A LIFE

**1** Call 911



**2** Push hard and fast in the center of the chest



Don't drop the beat!  
Know it. Feel it. Push it. Keep it.



CPR week is June 1-7 | **#CPRwithHeart**

[heart.org/handsonlycpr](http://heart.org/handsonlycpr)

©2021 American Heart Association DS17758 5/21

**YOUTH PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT FORM (rev. 7-9-2020)**

1. I, the custodial parent/legal guardian of \_\_\_\_\_ (the "Child"), give permission for my Child to participate in the activity described on the *Activity Information Form* (the "Activity") and release from all liability, indemnify, and hold harmless \_\_\_\_\_ (print name of parish and school) ("Parish and School"), the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, all parishes and schools within the Archdiocese, and all of their agents, representatives, volunteers, and employees from any and all liability, claims, judgments, damages, costs and expenses, including attorneys' fees, arising out of any injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), or death, (including any injury, illness, infectious and/or communicable disease, or death caused by the negligence of Parish and School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, or any of their agents, representatives, volunteers, or employees) incurred by my Child while participating in the Activity, traveling to or from the Activity, or while using the facilities and equipment of the Parish and School. I further agree not to bring or prosecute or allow to be brought or prosecuted (including, but not limited to, prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits, or actions against Parish and School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, or their agents, representatives, volunteers, and employees.

2. I understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child's participation in the Activity in spite of the risks of injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), and death. I agree that if my Child has underlying health concerns which may place him/her at greater risk of contracting COVID-19 or that would possibly increase the severity of illness if COVID-19 is contracted, then my Child and I will consult with a health care professional before participating in the Activity.

3. I agree to instruct my Child to cooperate with the agents of Parish and School and/or the Archdiocese who are in charge of the Activity.

4. I authorize the agents of Parish and School and/or the Archdiocese who are acting as leaders of the Activity to seek medical treatment for my Child in the event of any injury, illness, or medical emergency during the Activity or related travel. I understand that the agents of Parish and School and/or the Archdiocese will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my Child.

5. *Please indicate.* I  agree  do not agree that Parish and School and/or the Archdiocese may use my Child's portrait or photograph for promotional purposes, website, and office functions.

6. *Please indicate.* I  agree  do not agree that Parish and School and/or the Archdiocese may use social media and technology to communicate with my Child regarding parish/school related ministry activities.

7. This Permission, Release, and Authorization is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This Permission, Release, and Authorization shall be construed in accordance with the laws of the State of Ohio, excluding, and irrespective of, any choice of law principles to the contrary.

8. Parish and School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is cancelled due, in whole or in part, to any present or future pandemic, epidemic, widespread disease or illness, public health concern, or circumstances arising therefrom, or from actions taken by any governmental or municipal authority to prevent, avoid, or mitigate the impacts thereof.

I have carefully read and understand and accept the terms and conditions stated herein and I acknowledge and agree that this Permission, Release, and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and our personal representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.

Signature of Custodial Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_

Print Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Place of Employment & Address \_\_\_\_\_

Custodial Parent/Legal Guardian Phone No. (cell): \_\_\_\_\_; (other Phone No.): \_\_\_\_\_

Emergency Contact Phone No. (cell): \_\_\_\_\_; (other Phone No.): \_\_\_\_\_

**MEDICAL INFORMATION FORM**

**Completed by Custodial Parent/Legal Guardian — Please Print**

Child's Name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Allergies (e.g. food, drugs, anesthetics): \_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

Medical Conditions/Impairments (e.g. epilepsy, diabetes, asthma): \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Custodial Parent/Legal Guardian Phone No. (cell): \_\_\_\_\_; (other Phone No.): \_\_\_\_\_

Emergency Contact Phone No. (cell): \_\_\_\_\_; (other Phone No.): \_\_\_\_\_

(See *Activity Information Form* below)

**ACTIVITY INFORMATION FORM**

**Completed by Parish/School -- Please Print**

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

**B. One-Time Activity**

Parish/School Catholic Committee on Scouting Activity Catholic Camporee

Location Cricket Holler Scout Camp Emergency No. 937.613.8738 Cost \$20 before Oct 25, \$30 after

Starting Date and Time Nov 3, 2023, 5PM Meeting Place Cricket Holler Scout Camp

Ending Date and Time Nov 5, 2023, 12 Noon Meeting Place Cricket Holler Scout Camp

Activities Involved Scout skill games, prayer, Mass, Adoration, tent camping, cooking

Type of Transportation (if any) N/A

Group Leader Harry Heaton Telephone No. Cell: 937-902-0581

Other Information See Leaders/Participants Guide

Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).)

Signature of Custodial Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ADULT PERMISSION, RELEASE, AND AUTHORIZATION**  
**TO SEEK MEDICAL TREATMENT FORM**  
**(rev. 7-9-2020)**

1. I, the undersigned, will participate in the activity described on the *Activity Information Form* (the “Activity”) and release from all liability, indemnify, and hold harmless \_\_\_\_\_ (print name of parish and school) (“Parish and School”), the Archdiocese of Cincinnati (the “Archdiocese”), the Archbishop of Cincinnati (the “Archbishop”), both individually and as trustee for the Archdiocese, all parishes and schools within the Archdiocese, and all of their agents, representatives, volunteers, and employees from any and all liability, claims, judgments, damages, costs and expenses, including attorneys’ fees, arising out of any injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), or death, (including any injury, illness, infectious and/or communicable disease, or death caused by the negligence of Parish and School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, or any of their agents, representatives, volunteers, or employees) incurred by me while participating in the Activity, traveling to or from the Activity, or while using the facilities and equipment of the Parish and School. I further agree not to bring or prosecute or allow to be brought or prosecuted (including, but not limited to, prosecution through subrogation) in my name any claims, lawsuits, or actions against Parish and School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, or their agents, representatives, volunteers, and employees.

2. I understand that my participation in the Activity is purely voluntary and is a privilege and not a right, and that I agree to participate in the Activity in spite of the risks of injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), and death. If I have underlying health concerns which may place me at greater risk of contracting COVID-19 or that would possibly increase the severity of illness if COVID-19 is contracted, then I agree to consult with a health care professional before participating in the Activity.

3. I agree to cooperate with the agents of Parish and School and/or the Archdiocese who are in charge of the Activity.

4. I authorize the agents of Parish and School and/or the Archdiocese who are acting as leaders of the Activity to seek medical treatment for me in the event of any injury, illness, or medical emergency during the Activity or related travel. I understand that the agents of Parish and School and/or the Archdiocese will make a reasonable attempt to contact the individual listed below as my emergency contact as soon as possible in the event of a medical emergency.

5. *Please indicate.* I  agree  do not agree that Parish and School and/or the Archdiocese may use my portrait or photograph for promotional purposes, website, and office functions.

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9. I have carefully read and understand and accept the terms and conditions stated herein and I acknowledge and agree that this Permission, Release, and Authorization to Seek Medical Treatment shall be effective and binding upon me and my personal representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.

Signature: \_\_\_\_\_ Date   /  /  

Print Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Place of Employment & Address: \_\_\_\_\_

Phone No. (cell): \_\_\_\_\_; (other Phone No.): \_\_\_\_\_

Emergency Contact Name & Phone No.: \_\_\_\_\_

**MEDICAL INFORMATION FORM**

**Please Print**

Name: \_\_\_\_\_ Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Allergies (e.g. food, drugs, anesthetics): \_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

Medical Conditions/Impairments (e.g. epilepsy, diabetes, asthma): \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Phone No. (cell): \_\_\_\_\_; (other Phone No.): \_\_\_\_\_

Emergency Contact Name & Phone No.: \_\_\_\_\_

**ACTIVITY INFORMATION FORM**

**Completed by Organizer -- Please Print**

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

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Other Information See Leaders/Participants Guide

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