



## Bears Camp-ins • March 20-21 & March 27-28, 2015

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

### Bears Camp-in Activities

#### **Magic in Action**

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

#### **Electrician**

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

#### **Astronaut**

Have a space adventure in CSC's digital planetarium theater. Build your own constellation viewer. **Bring an empty paper towel roll with you!**

#### **Crime Lab**

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

**Morning activities** include exploration of CSC exhibits and Science Shop. Activities conclude at 9:30 a.m.

All registration forms must be signed by scout leader. Please send registration forms in together, as a pack.

Send registration & payment to:  
CSC • PO Box 2431 • Hickory, NC • 28603  
Note: Piedmont Council is not accepting registrations,

#### **Cost:**

\$40 per scout/ CSC members  
\$45 per scout/ nonmembers  
*One adult leader per six scouts is free, additional adults are \$15.*

Payment must accompany registration forms. Registration received after deadline is an additional \$5 fee.

#### **What to Expect:**

A full evening of class with two light snacks. Evening ends with optional educational movie and downtime before lights out at midnight. Wake up and a light continental breakfast begins at 7:15. Exhibits will be open for exploration.

#### **What to Bring:**

Sleeping bag, sleeping pad, pillow, toothbrush, toothpaste and spending money for the Science Shop. Bring an empty paper towel roll for constellation viewer.

#### **Where to Come:**

Catawba Science Center, Ground Level Lobby (located off Third St. NE, near library entrance). CSC is located on the SALT Block, 243 3rd Ave. NE, Hickory.

#### **When:**

Check-in begins at 5:45 p.m. in the Ground Level Lobby (library side). Orientation begins at 6:15 p.m.

#### **Refund Policy:**

Refunds are available two weeks prior to camp-in, minus a \$10 administrative fee. No refund available after this date.

### Registration Deadlines:

**March 6** for the **March 20** Bears Camp-in • **March 13** for the **March 27** Bears Camp-in

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

# Catawba Science Center Bears Camp-in Registration Form

## Registration as a pack is strongly encouraged.

Registrations are taken on a first-come, first-served basis when payment is made.

**Space is limited to 100 scouts.** Please make additional copies as necessary and **send forms together.**

Please check date of camp-in you wish to attend (**make sure your pack registers for the same date**)

\_\_\_ **March 20-21 2015**    \_\_\_ **March 27-28, 2015**

**Scout Name** \_\_\_\_\_ **Pack No.** \_\_\_\_\_ **Den No.** \_\_\_\_\_ **Primary Phone** \_\_\_\_\_

**Parent Name(s)** \_\_\_\_\_ **Alternate Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

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

**CSC Member** \_\_\_ **Yes** \_\_\_ **No**

**Primary Scout Leader attending (REQUIRED)** \_\_\_\_\_ **Phone** \_\_\_\_\_

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

**Secondary Scout Leader (OPTIONAL)** \_\_\_\_\_ **Phone** \_\_\_\_\_

I, \_\_\_\_\_, certify that this scout is a registered member of Cub Scouts of America.

Scout Leader's Name/ Position

Signature \_\_\_\_\_

Parent or guardian attending, in addition to Scout Leader (\$15 fee) \_\_\_\_\_ **Phone** \_\_\_\_\_

**Emergency contact, if parents can not be reached** \_\_\_\_\_ **Phone** \_\_\_\_\_

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

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

## Medical Information

If currently on any medications, please list and describe schedule for emergency administration. Include any asthma or allergy medications.

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OPTIONAL:** I, \_\_\_\_\_, do hereby authorize Catawba Science Center staff to use my child's name and photographs (still or moving) for promotional purposes.

**Total Amount Due \$** \_\_\_\_\_

\_\_\_ Check enclosed (payable to CSC)    Charge my \_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express \_\_\_ Discover

Name on credit card \_\_\_\_\_ Card No. \_\_\_\_\_

Expiration date \_\_\_\_\_ Signature \_\_\_\_\_