



2010 Mustang District Camporee

Sid Richardson Scout Ranch, Bridgeport, TX

Buchanan Springs
March 26-28, 2010

ALL registrations MUST be returned by the March 9th Troop Meeting.

Note: All OA candidates need to attend

The theme of the 2010 Mustang District Camporee is "100 Years of Scouting". This year's program will be built around a Scout skills required to advance 100 years ago. These skills will be outdoorsmen oriented, and teach Scouts skills to survive without all our modern technologies. Troop 32 will be handling the Tracking activity, to identify and track animals by indirect means, tracks, etc. . Patrols will report to the opening ceremony prepared to address the day (patrol flag, water, compass, etc.). Scouts should have a small day pack for personal items carried with them during the day.

Troops will also be competing in several competitions during the day, including:

- Best Campsite - judged on safety, neatness and support of the patrol method of camping.
- Best Gateway - judged on creativeness, use of natural materials, and safety.
- Most Spirited Troop
- Highest Troop Participation
- Best Patrol Flag
- Best Teamwork

The Order of the Arrow will have a meeting and Cracker Barrel Friday night and the OA Tap Out for those elected to the OA will occur Saturday afternoon. OA members are needed to help!

A Dutch oven cooking contest will be held Saturday night for individuals and patrols with meat, vegetable, entrée, and dessert categories.

All Patrols (and the Geezers!?!) need to have a skit or a song for the Saturday night Campfire by Friday night, so be prepared!

Scouts should have dinner before departure Friday night and plan to cook all their meals, including provisioning for lunch Saturday. Saturday lunch will be back in camp.

NOTE: Field Uniform is required for Chapel, Campfire, Opening and Closing ceremonies and Order of the Arrow Callout! OA members should bring their sash for call out! Activity uniform for camporee activities.

Cost is \$20 per person and includes a 2010 Camporee patch! Adult participation is encouraged! Scouters whose vehicles are utilized to take Scouts to and from the outing attend for free.

All registrations must be returned by the March 9th Troop Meeting.

Friday – March 26, 2010

5:30 pm Meet at Indian Springs Middle School (eat before arriving!)
6:00pm Depart for Sid Richardson
9:00 pm 1) Scoutmaster / Senior Patrol Leader Meeting @ Camporee Headquarters
2) Order of the Arrow Meeting @ Camporee Headquarters
3) Chaplin's Aide meeting @ Camporee Headquarters
4) Camporee Volunteer's Staff Meeting @ Camporee Headquarters
Camporee Headquarters is at the Buchanan Springs Activity building
Cracker Barrel will be provided for all meeting attendees
10:00 pm Taps – Please observe lights out and quiet time.

Saturday – March 27, 2010

6:45 am Reveille
7:00 am Breakfast/KP and Clean – up Campsite for Competition
8:45 am Opening Flag Ceremony - Who comes with the most Troop Spirit
9:00 am Camporee Events Begin
11:30 am Lunch
1:30 pm Camporee Events Continue
3:00 pm Camporee Events End
Report back to camp to prepare for Order of the Arrow Call Out
4:00 pm Order of the Arrow Call Out
5:00 pm Dinner at Campsite
6:30 pm Dutch Oven Cooking Entries Due @ Camporee Headquarters
7:30 pm Campfire
10:00 pm Taps – Please observe lights out and quiet time.

Sunday, March 28, 2010

6:45 am Reveille
7:00 am Breakfast and Clean up
9:00 am Morning Assembly
9:30 am Chapel
10:00 am Closing Flag Ceremony / Campsite Awards / Scoutmaster Minute/Dismissal
10:30 am Campsite Clean – up and Departure

2010 Mustang District Camporee Registration and Permission Form

March 26-28, 2010

Return this permission slip and your payment by the March 9th Troop Meeting.

I certify that my son, _____, a member of the _____ patrol, has my permission to attend the 2010 Mustang District Camporee on March 26-28, 2010.

MEDICAL AUTHORIZATION: If in the judgment of any representatives of BSA Troop 32, the above Scout needs immediate care or treatment as a result of any injury or sickness, I hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, nurse, hospital, or troop representative. I have insurance with _____, Policy #_____. I shall not hold the BSA Troop 32 financially responsible for any emergency care. I hereby agree to release and hold harmless the BSA Troop 32, its leadership, and any agent, volunteer or representative, from any claim, damages, liability, financial losses, and personal injuries, including death, related to or arising from the scouts' participation in, travel to or from, attendance at or incidents associated with the trip or event.

REQUIRED MEDICATION:

My son requires the following medication:_____

This medicine is self administered / provided by the SM (circle one). I understand that if my son does NOT have this medication with him he will NOT be allowed to attend the outing.

DIETARY OR RELIGIOUS NEEDS:

Are there any dietary or religious needs:_____

CODE OF CONDUCT: I understand that Scouts shall be strictly held accountable for their behavior. Scouts shall conduct themselves according to the Scout Oath, Scout Law, and the Troop Guidebook.

Signature of Scout _____ Date _____

TRAVEL PLANS:

My son will be traveling to and from the event with the Troop on the first and last day _____.

AUTHORIZATIONS AND CONTACT INFORMATION:

Parent's Name (printed): _____

Parent's Signature: _____ Date _____

Home Phone: _____ Cell phone: _____

E-mail Address: _____

Alternate Contact: _____ Phone: _____

ADULT REGISTRATION:

Adults must be registered with the BSA and members of Troop 32.

Adult attendee name (printed): _____ YPT date: _____

I will drive and stay at the event _____. My vehicle holds _____ passengers in addition to myself.

DL# _____ State: _____ Insured – Liability Limits: 50k/100k/50k

Vehicle Make: _____ Model: _____ Year: _____ Plate#/St. _____

ACTIVITY AND CAMPING FEES:

One Scout:	1	\$20.00 each	\$ 20.00
No. of Scouters (not driving):	____	\$20.00 each	\$____.____
Scouter (driving - one per form)	____	\$ 0.00 each	\$ 0.00
Total:			\$____.____

Payment -Check no: _____ Date Received: _____ Check Total: _____