



Coming October 28<sup>th</sup>  
 Quinsigamond District  
 Fall 2006 Cub Scout Event  
**SPOOK-O-REE!!**



- What is it?:** An Exciting Time of Halloween Scares, Dares and FUN! Don't Miss It!!
- Who Can Attend?** All Quinsigamond District Cub Scouts (Tiger Through Webelos) and their Families
- When is it?** Saturday October 28<sup>th</sup> from 3 PM to 8:00 PM, 450 Maximum. Register early, this event fills up fast! Registration by pack only please! Also, No Rain Date.
- Where is it?** Treasure Valley Scout Reservation, East Camp
- What does it Cost?** Scouts/Siblings \$7 if Registered by October 14<sup>th</sup>. From the 14<sup>th</sup> to the 23<sup>rd</sup> the cost will be \$11. **NO WALK INS!** You must sign up before the day of the event. Parents/Guardians Free Parent/Guardian must sign release form (copy attached) for siblings.
- What does the Fee Cover?** Miscellaneous tokens, candy, and prizes, Cider and Donuts. Scouts will receive a patch. There will also be food items for sale at a nominal fee.
- What Do I bring?** Every child must have an adult responsible for them, May come in Costume (No weapons or masks, please-they will be confiscated! ) **A FLASHLIGHT IS REQUIRED!!**
- What Kind of Events are there?** Kids will travel a Spooky Neighborhood with various stops along the way. There will be storytelling, a campfire, a graveyard spookie walk, face painting, cider and donuts and many games of fun and skill.

**REGISTRATION FORM: QUINSIGAMOND DISTRICT SPOOK-O-REE**  
**Open to 450 participants only. NO WALK INS!**

Please fill in and mail with names of attendees to: Mohegan Council, 19 Harvard St. Worcester, MA 01609. Make Checks payable to: "Mohegan Council", Event Code # 6605. Registration paid by Credit Card, and Unit Accounts may be Faxed to the Council at 508-752-3047.

Pack # \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_



Contact Person Email Address: \_\_\_\_\_

Please Register the Following Number of Scouts and Siblings from our Pack:



\_\_\_\_\_ Scouts/Siblings at **\$7.00 per child, \$11.00 after October 14<sup>th</sup>. NO WALK INS!!**

Please note: Siblings 12 and under only, please-Must include release form as BSA insurance only covers Registered Scouts. See attached form.

Total Payment: \_\_\_\_\_ Method of Payment



Check made out to "Mohegan Council" Enclosed, **Event Code # 6605**

\*Unit Acct Pack # \_\_\_\_\_ Committee Chair Signature Required: \_\_\_\_\_

\*Master Charge/ Visa # \_\_\_\_\_ Expires: \_\_\_\_\_

\_\_\_\_\_  
 Credit Card Authorizing Signature      Print Name      Address      Phone  
 (ALL INFORMATION REQUIRED FOR CREDIT CARD TRANSACTIONS)

**Questions? Comments? Contact Ann Marie Daigneault at (508) 892-0213 or email:**  
[commissioner125@hotmail.com](mailto:commissioner125@hotmail.com) **or Kerstin Alvarez at (508)752-3769 ext. 28**



Q u i n s i g a m o n d D i s t r i c t S p o o k - O - R e e  
N o n - S c o u t P e r m i s s i o n F o r m

\_\_\_\_\_ (please print name/names) has my permission to participate in the Quinsigamond District Spook-O-Ree on October 28<sup>th</sup> 2006. The Boy Scouts of America, their representatives, all and any parent volunteers, are not responsible for your child's safety, although all involved will use their reasonable judgment to insure their safety. In case of emergency (and in the event that a parent/guardian cannot be reached) I give my permission for my child to be treated at the nearest medical facility.

I, the undersigned, understand that activities planned for this event carry the risk of personal injury. I agree that the organizers and sponsors of this event have made careful plans to insure everyone's safety, but they are not responsible for my child's safety while participating in this event. I certify that my child is fully capable of participating. I acknowledge that I have read this waiver in its entirety, that I understand it and that I agree to be legally bound by its terms.

Parent/Guardian Please Print: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work

Phone: \_\_\_\_\_