

**Program Guide**  
**Chester County**  
**Council Cub Scout**  
**Spook-O-Ree**

October 10-12, 2025  
&  
October 17-19, 2025



This event is designed to be fun and allow everyone to experience one of the most enjoyable aspects of scouting, the doing! As a team, we cannot specify what Cub Scouts will or won't do at this event. Therefore, it is up to the leaders and adults accompanying them to monitor their activities for advancement purposes. There will be opportunities if they choose to take them. Should adults have any questions about whether something at the event meets a requirement, Kerri Lea McFadden will be the person to see, as she is the Cub Scout representative on the advancement committee.

*Your role in maintaining the cleanliness and orderliness of the event is not just important; it's crucial. You are the key to a successful and enjoyable experience for everyone. Please clean up after yourselves and leave no trace. Follow instructions for trash disposal. You will need to provide your trash bags for use in your campsite, and they must be taken to the dumpster on your way out of camp.*

*\*\*It's essential to uphold the values of the Scout Oath and Law. Please discuss the Scout Oath and Law with your scouts and adults before the event, explaining their meanings. We expect all people in the camp to be following them at all times, as they form the foundation of our event's atmosphere and spirit.*

## **Restrooms**

Due to rules governing youth protection, our bathrooms are divided into the following categories: youth male, youth female, adult male, and adult female. The youth bathrooms are located at the old shower house on the loop and the Cole Shower House. Adult restrooms are located at the old shower house on the loop, the Cole Shower house, and the Goodman Pavilion. Latrines are available in all campsites. Portable toilets are single-use and will be available in various places in the camp. If you have a child with a medical need that requires assistance while using the restroom, please consult with the health officer.

Please treat our bathrooms with respect. If you make a mess, clean the mess. If something needs attention, please see the campmaster, located in the headquarters building.

## **Lodging**

All participants planning to stay overnight will need to bring their own tent and sleeping gear. Tents and cots will not be provided as they are cleaned up after summer camp. You will be assigned a designated area in camp to set up your tent at least a week before the event. Packs will be sharing sites with other packs.

## **Weather**

This event is a rain-or-shine event. There are no refunds for rain. Please bring the appropriate gear and extras for the weather.

## Meals

Meals will be served family-style in the dining hall, just as they are at summer camp. Feel free to reach out if you are unfamiliar with this process. If you have dietary restrictions, please email us ([cubspook@cccbsa.org](mailto:cubspook@cccbsa.org)) by Saturday, September 20, 2025. Otherwise, we will not be able to accommodate your request.

Your admission includes lunch on Saturday, dinner on Saturday, and breakfast on Sunday morning. Units wishing to arrive on Friday night must bring their snacks for Friday night and breakfast for Saturday morning.

## Uniform:

Your full field uniform (formerly referred to as Class A) will be required for the flag-lowering ceremony and dinner. This is the same expectation at summer camp and an amazing camp tradition. Feel free to wear whatever you'd like for the rest of the time. Closed-foot shoes with socks are always required in camp. Crocs are not closed-foot shoes. Dress appropriately for the weather and bring layers. Yes, you can layer under your uniform for dinner!

## Registration at the event:

If you are coming as a pack, please have your pack coordinator bring three copies of the unit roster, broken down by youth and adults. There should be a distinction between those staying overnight and those attending for the day. One copy will be placed at the front of the medical binder, another will remain with the pack coordinator, and the final copy will be submitted at the on-site registration table. The pack coordinator should also have the Scouting America medical forms arranged in a binder by youth and adults. Included with the Scouting America medical forms should be a copy of the front/back of the insurance card for that person. Every human in camp needs a medical form (A, B1, B2), even if they are only on site for the day. The unit coordinator should also have three copies of the fast list of known medical issues for your unit, listed by name and clearly indicating whether they are for a youth or an adult. Example: Baloo Bear, a cub scout, is allergic to eggs and has juvenile diabetes. One copy should be at the front of the pack binder, another copy will stay with the unit coordinator, and the third copy will be attached to the unit roster.

Individuals who attend must also bring their medical forms for every person in camp: Part A, B1, B2, and a copy of the front and back of the insurance card. They will also need to inform registration of any medical concerns and whether they are attending for the day or overnight.

The pack coordinator or individuals are responsible for picking up their binders/health forms from the health officer when they leave. Any medical forms that are left behind will be shredded.

Health forms can be found at [Scouting America. Medical forms for all scouting events](#)

## Event Patches

One patch will be given per youth/adult registered for the event. If you wish to have extra patches, please place your order and payment at the time of registration. Email [cubspook@cccbsa.org](mailto:cubspook@cccbsa.org) by September 1 if you are having trouble with the registration.

## Health Lodge

A health officer will be on-site during the event. If you have something that requires more than a Band-Aid, you must report it. Parents and packs, please bring your band-aids, over-the-counter medications, and any other necessary items. We do not give out Band-Aids, ibuprofen, Tylenol, allergy medications, etc. Our health officer is designed to help in more serious cases and does not replace well-trained adults or parents in your unit.

**Safeguarding Youth Training: All adults in the camp are expected to have completed the Safeguarding Youth Training online before the event.**

## **Parking**

Parking is limited, so carpooling is necessary. Please follow all requests by the parking staff and be patient.

There will be no vehicle access to the campsites on Saturday. If you would like to take gear to your campsite in a truck, the vehicle must arrive on Friday night. If you plan to come on Friday night, please make arrangements with [cubspook@cccbsa.org](mailto:cubspook@cccbsa.org) before the event. If you have a pack trailer, please contact [cubspook@cccbsa.org](mailto:cubspook@cccbsa.org) before the event so that we can make arrangements. It will also have to come to camp on Friday night. The best practice would be for units to collect all the gear at their meeting before the event and then bring it down to the event on Friday night.

We will allow one vehicle to take the gear back up to the parking lot on Sunday morning if necessary.

## **Gear**

You are responsible for bringing your gear. This event is rain or shine, cold or hot. Please note that sleeping bag degrees are for survivability, not for comfort. Layers are an excellent idea. If you need help selecting the right gear before the event, please email [cubspook@cccbsa.org](mailto:cubspook@cccbsa.org). Some essential items to bring include a tent, a sleeping pad, a change of clothes, extra shoes and socks, and personal hygiene products. Headlamps with a red light option are an excellent choice. Sometimes, a part of having fun is getting messy and dirty. Please plan for this to happen by bringing extra clothes.

There is no vehicle access to the campsites at this event. You will need to bring your own wagon/cart for transporting your gear.

It is strongly recommended that you bring your camp chairs.

## **Trading Post:**

We plan to have the camp trading post open for this event. Hours will be posted at the event. Reminders will be given at meal times during the specified hours. All clothing event items must be pre-purchased at the time of registration.

## **Notes about some program stations:**

Scouting America requires an adult partner to be with all children who are Lions and Tigers at all times. Children who are wolf level and above may walk around camp with a buddy, but their adults/pack leaders should know what they are doing. We kindly ask that adults accompany their children to the crafts stations and range areas, as they may require assistance at these locations. Our staff running the station can only assist one person at a time, and having multiple hands makes things less frustrating for everyone.

In the event of rain, the campsite pavilions will be used for the program.

Any youth participant can attend any program station, with a few exceptions. Lions may not participate in BBs due to Scouting America regulations. Only those who have earned their knife safety adventure for their rank, who are Bear and above, may join in whittling.

### **Whittling**

Bring your cub scout knife to this station. The knife should lock open, be no longer than the width of the cub's hand, and the child should be able to close it without help. Those who have earned the knife adventure loop for their rank can participate in the whittling activity. We will have a 1:00 p.m. session and a 3:00 p.m. session. An adult must be present for every scout attending. Each session only takes 20 youths and is first-come, first-served. If you have a large pack and would like to participate in whittling, please email [cubspook@cccbsa.org](mailto:cubspook@cccbsa.org) before the event to make arrangements.

### **Pinewood Derby**

If you plan to participate in the Blacklight Pinewood Derby after dinner, please bring a cut car with wheels to the event. We will not have any available on-site. If you want to decorate with glow paint or need help putting on the wheels, you can do that in our afternoon program rotation. We will have experts on hand to help you. This event will utilize strobe lights, disco lights, fog machines, and blacklights. Please let us know if this will be an issue for your child.

You can browse your local craft stores or shop online. Here are our recommendations:

[Pre-Cut Wedge Car](#)

[Glow wheels for Pinewood Derby](#)

### **Trick or Treat Trail**

We will have a trick-or-treat trail decorated for the Cub Scouts to enjoy trick-or-treating. There will be signs, and an exit will be made available if you want to stop before the "scary" part. We kindly request that you bring a bag of candy or 300 items to give away, which will help make this part of the event successful.

### **Target and Range Activities**

All times on our ranges will be scheduled according to Cub Scout grade/level. This will be determined after the event registration closes. We are planning to offer BBs, archery, and slingshots. This helps us ensure that everyone gets a turn at the ranges without having to stand in long lines. Our range masters have the right to refuse those who cannot follow the range rules and the Scout Oath and Law. An adult is required for every child who holds a slingshot. Adults should plan to attend this station with their children.

## **GAGA Ball**

This is a self-guided activity. The ball can be checked out at HQ by two adult leaders who plan to stay with the children and oversee the game. Any time children are playing GAGA ball, two adult leaders must supervise them. Supervising means actively paying attention to the youth, rather than simply sitting in a chair and conversing with a friend. When the adults who checked out the ball are done, they can return it to HQ, or if other adults are taking over, they can report to HQ who has taken over for them.

## **Hiking**

This is a self-guided activity. It always requires at least two adults.

## **Jungle John®'s Magical Halloween Safety Show!**

Lions/Tigers/Wolves should plan to attend the show in Trailblazers Pavilion from 10 am until 10:30 am. Bears/Webelos/AOL should plan to participate in the show in the Trailblazers Pavilion from 11 am until 11:30 am.

This high-energy show, featuring lots of audience involvement, includes many funny and “frightfully exciting” elements, including a floating cyclops eye! Forgetful Frankie! Spooky the Magic Wand! A magical vampire bunny! Blended in are plenty of trick-or-treat safety tips about costumes, flashlights & bags, traveling in groups and with adults, candy safety, and more!

## **Ranger Gary Stolz**

Visit Ranger Gary's conservation program to learn about skulls, bones, horns, and bats. Between 1 pm and 5 pm, stop by his fun Halloween-themed interactive exhibit.

## **Critter Connections**

In this program, our presenter sets up a table with our snakes, geckos, and insects on display, and an enclosure for our tortoises, rabbits, and guinea pigs. We assist our guests in touching and holding the animals. We answer questions, but do not share a formal program. This program will be available from 1 pm to 5 pm.

## **Science Heroes**

Turning science into an adventure!

Exciting & interactive STEM programs for schools, libraries & events.

This will take place at 1pm and 3pm. Lions/Tigers/Wolves should plan to attend the 1 pm show and Bears/Webelos/AOL should plan to attend the 3 pm show.

## **Other Activities and Events**

Other activities and events will be located in various places around camp based on volunteers and supplies. A full schedule will be available when you check in at the event.

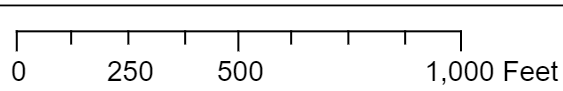
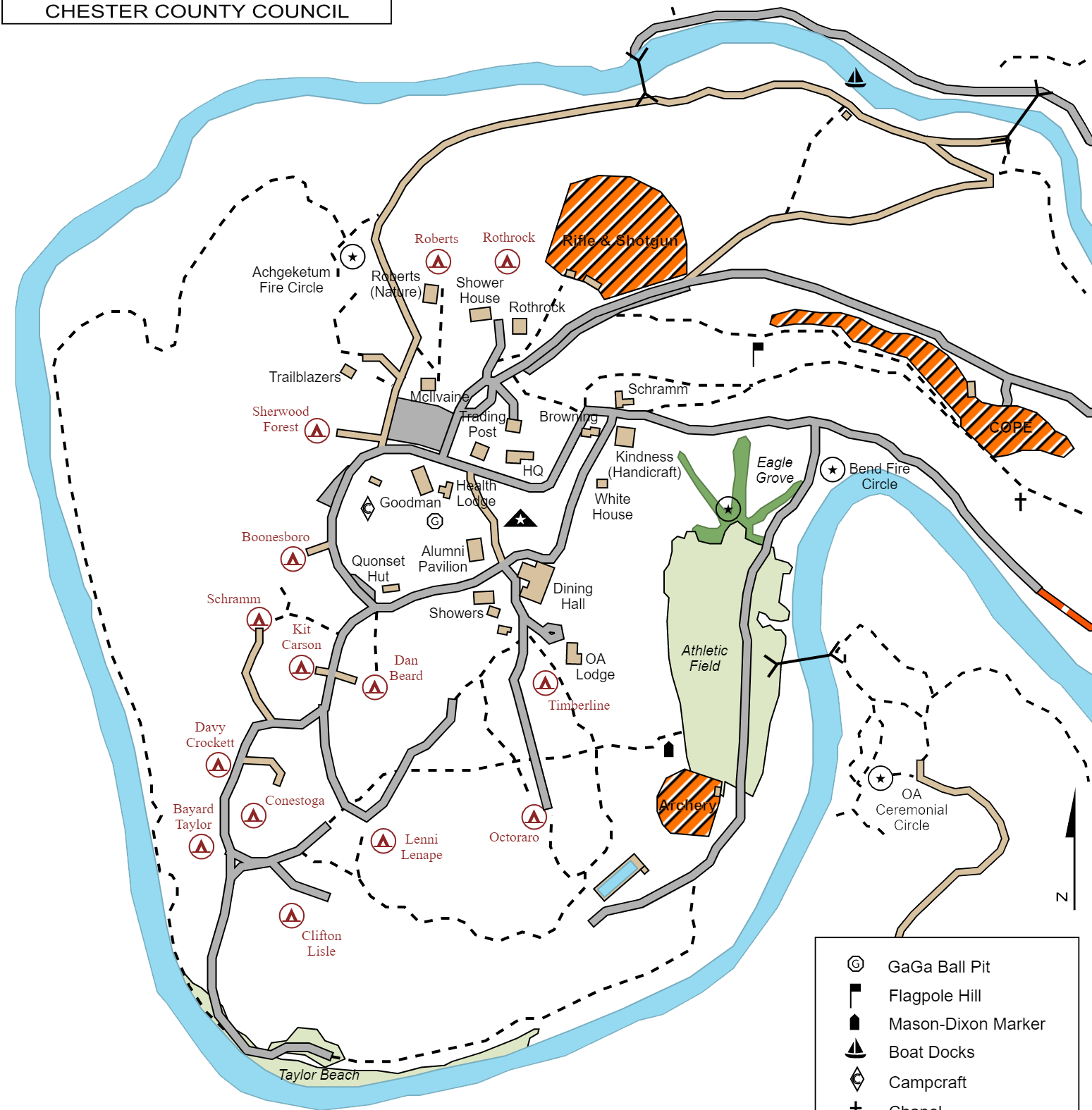
***All program stations are subject to change, and a final schedule and map will be available at registration at the event. The activities listed above are our general plans to give you an idea of what will be available at the event. Weather and staffing will also play a role in determining what can run at the event. If you are bringing many parents with older scouts, we suggest signing up as event staff to make sure many things are available. We will do our best!***



# HSR

HORSESHOE SCOUT RESERVATION  
CHESTER COUNTY COUNCIL

## Camp Horseshoe



- ⊙ GaGa Ball Pit
- 🚩 Flagpole Hill
- 🏠 Mason-Dixon Marker
- ⚓ Boat Docks
- 🏕️ Campcraft
- ✝ Chapel
- ★ Fire Circle
- 🏹 Parade Field
- Footpaths
- 🚫 Restricted Area

## Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

### Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

*Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a])* My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

☐ Checking this box indicates you DO NOT want your child to use a BB device.



**NOTE:** Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any:

☐ None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under the age of 18)

### Complete this section for youth participants only:

#### Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

#### Adults NOT Authorized to Take Youth to and From Events:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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



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## Part B1: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Unit leader's mobile #: \_\_\_\_\_

Council Name/No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

### In case of emergency, notify the person below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ Alternate's phone: \_\_\_\_\_

## Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (anginal)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma/reactive airway disease	Last attack date: _____
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion/TBI	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Neurological/behavioral disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures or epilepsy	Last seizure date: _____
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Skin issues	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date: _____
		List any other medical conditions not covered above	



## Part B2: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

### Allergies/Medications

DO YOU USE AN EPINEPHRINE  
AUTOINJECTOR? Exp. date (if yes) \_\_\_\_\_ ☐ YES ☐ NO

DO YOU USE AN ASTHMA RESCUE  
INHALER? Exp. date (if yes) \_\_\_\_\_ ☐ YES ☐ NO

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain
		Medication	
		Food	

Yes	No	Allergies or Reactions	Explain
		Plants	
		Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

☐ Check here if no medications are routinely taken. ☐ If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

☐ YES ☐ NO Non-prescription medication administration is authorized with these exceptions: \_\_\_\_\_

Administration of the above medications is approved for youth by:

\_\_\_\_\_/\_\_\_\_\_  
Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)



Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

### Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., Hib)	
			Exemption to immunizations (form required)	

Please list any additional information about your medical history:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT WRITE IN THIS BOX.**

Review for camp or special activity.

Reviewed by: \_\_\_\_\_

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

Further approval required: ☐ Yes ☐ No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

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



	<h2>Downloading a Scouting America Unit Roster</h2>
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All units must provide the official unit roster downloaded from [my.scouting.org](https://my.scouting.org) when checking in at camp for either a unit campout or Scouting event. The roster must show membership ID numbers and proof of current membership (future expiration date) plus YPT/SYT (youth protection training) status for adults.

The roster may be downloaded by one of the unit's Key 3 (unit leader, committee chair, chartered organization representative) or a Key 3 delegate only.

### ***How to download the roster***

Step 1: Go to [my.scouting.org](https://my.scouting.org) and log in.

Step 2: On the home page, click on the Menu (top left of screen).

Step 3: Scroll down to Organization Dropdown Menu.

Step 4: Click on your unit number.

Step 5: Click on the Organization Manager.

Step 6: You will see "Roster" on the left side.

Step 7: Click on the Print dropdown arrow. It is located in the gray bar at the top of the screen.

Step 8: Click on Print Roster. If given the option to save the file, you must save it as a PDF. Do not save it as a .CSV file.

# Unit Vehicle Roster

Council \_\_\_\_\_

District \_\_\_\_\_

Unit \_\_\_\_\_

Leader \_\_\_\_\_

Mobile# \_\_\_\_\_

All fields above and columns below (except the "#" column) are required.

<b>Make</b>	<b>Model</b>	<b>Color</b>	<b>Plate#</b>	<b>Name</b>	<b>Mobile#</b>
Ex. Ford	Ex. Prefect	Ex. Blue	Ex. NJ ZZ9-ZZA	Ex. Arthur Dent	Ex. 042-226-7 709