

# Program Guide

## 2026

Chester County Council



SPONSORED BY: OCTORARO LODGE 22

## Welcome...

To the Chester County Council 2026 Spook-o-ree hosted by Octoraro Lodge 22. This haunted theme fun event allows 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. 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.

**Registration:** *When registering, please indicate when you plan to come. If you change the plan, please email [spookoree@octoraro22.org](mailto:spookoree@octoraro22.org) and let them know of changes.*

- Packs and individual cubs (with an adult) can choose to camp all weekend, starting Friday at 6:00pm to set up camp and be ready to start program at 8:30am Saturday morning.
- Packs and individual cubs (with an adult) can also come Saturday morning to check-in and set up camp for overnight. Morning registration starts at 7:00am at Goodman Pavillion.
- Packs and individual cubs (with an adult) can sign up for the day.

Your role in maintaining the cleanliness and orderliness of the event is not only important but also 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.**

## 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.

## 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 will be available in various locations

throughout 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.

## **Weather**

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

## **Meals**

Meals included in registration price are Saturday's grab-n-go play lunch, Saturday's retreat ceremony and dinner in the dining hall, and Sunday morning's grab-n-go breakfast following Chapel Service. Packs and individuals staying on Friday night will need to provide their own Saturday morning breakfast.

Dinner will be held in two seatings. You will be assigned dinner time during check-in. Scouts assigned to first dinner will meet at the dining hall at 4:50pm for a prompt seating at 5:00pm. After dinner Scouts will meet on the Parade Field for evening retreat and entertainment. Scouts assigned to second dinner will meet in front of the dining hall at 5:50pm for prompt seating at 6:00pm.

A menu will be published prior to the event. Please indicate any dietary restrictions or allergies during registration so special arrangements can be made.

## **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!

## **Check-In at the event:**

Check in at Head Quarters starts Friday night at 6:00pm until 8:00pm at Goodman Pavillion (if camping the weekend) and Saturday morning (camping Saturday night and day adventures) at 7:00am. Please have Scouting America medical forms available for check-in. **All participants must check-in at Goodman before 9:00am or after at HQ before setting up or participating in any activity.**

## **Individuals:**

Individuals who attend must 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.

## **For Packs:**

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 each issue is for a youth or an adult. Example: Baloo Bear, a cub scout, is allergic to eggs and has juvenile diabetes. One copy should be placed at the front of the pack binder. Another copy will remain 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 [Annual Health and Medical Record | Scouting America](#).

## **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 [spookoree@octoraro22.org](mailto:spookoree@octoraro22.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, bug spray, sunscreen, and any other necessary items. We do not give out Band-Aids, ibuprofen, Tylenol, allergy medications, etc. Our health officer is designed to assist in more

serious cases and does not replace the guidance of well-trained, prepared adults or parents in your unit.

### **Safeguarding Youth Reminders:**

Two registered adult leaders 21 years of age or over are required at all Scouting activities, including all meetings. There must be a registered female adult leader 21 years of age or over in every unit serving females. A registered female adult leader 21 years of age or over must be present for any activity involving female youth or female adult program participants.

Cub Scout Programs – Overnight Exception: Cub Scout parents or legal guardians taking part in an overnight Cub Scout program with their own child or legal ward are not required to register as leaders. All adults must review the “How to Protect your Children from Child Abuse: A Parent’s Guide” that can be found in the front of each Cub Scout Handbook. In addition, the parent or legal guardian must be accompanied by a registered leader at any time they are with youth members other than their own child/ward. All other overnight adults must be currently registered in an adult fee required position.

**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 attend on Friday night, please make arrangements with [spookoree@octoraro22.org](mailto:spookoree@octoraro22.org) prior to the event.

If you have a pack trailer, please contact [spookoree@octoraro22.org](mailto:spookoree@octoraro22.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 (see attached car roster).

### **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 [spookoree@octoraro22.org](mailto:spookoree@octoraro22.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:**

The Trading Post will be open during program hours.

## **2026 Spook-o-ree Program**

***\*\*This program will be updated periodically with additions closer to the event. A final copy with all programming will be available prior to event date.***

### **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.

Saturday's activities will be broken down in timed program, morning activities, dinner & retreat ceremony and evening program.

### **Day Activities include: *Running from 8:30am – 4:00pm***

#### **Target Activities Archery - Athletic Field & BB Guns – Rifle Range**

Our ranges will be scheduled according to Cub Scout grade/level. This will be determined after the event registration closes. 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.

#### **Fishing: Boat Docks**

Bring your own pole or grab one from the boat docks. Cubs will get a short lesson on how to hook a worm and cast.

#### **2L Bottle Rockets**

Experience the fun of watching a 2L bottle launch into the air.

#### **Whittling & Leather Stamping: Picnic Grove**

Cub Bears and older ranks will show off their whittling, and leather stamping skills. Adults will need to assist scouts during this programming.

### **Nature Programs – Campcraft`**

Hiking: Guided 20-minute hikes around Camp Horseshoe to discover native plants and wildlife.

Ranger Gary Stolz: (11:00am to 4:00pm) Visit Ranger Gary's conservation program to learn about skulls, bones, horns, and bats. Stop by his fun Halloween-themed interactive exhibit.

Cubs will learn about the "Six Essentials" and "Outdoor Ethics Code"

### **Crafts: Alumni Pavillion**

Be creative with Halloween crafts. Adults must accompany cubs to assist.

### **Photo Booth: Campcraft**

Stop by the photo booth to have your family photo taken.

### **Face Painting and Tattoos: Campcraft**

Come to this station to get your face paint and tattoos that will look really cool during the glow dance party!

### **Escape Room: McIlvaine Building**

Test your code-breaking skills to solve all the locks to earn a prize.

### **Witches Carnival: Campcraft**

Cubs will play games and collect tickets to redeem for prizes at HQ.

### **Patch Trading: OA Lodge**

Come learn about the history of OA, celebrating its 100year Anniversary.

### **Pinewood Derby Paint your car: Goodman Pavilion, 1:00pm – 4:00pm**

**If you plan to participate in the Blacklight Pinewood Derby after dinner, please bring a cut car with wheels and weights to the event.** We will not have any available on-site. Use our paint to decorate your car for the nighttime race. Consult with our experts to discover how to optimize your car for your pack race.

## **Evening Program: 7:00pm – 9:30pm**

### **Blacklight Pinewood Derby: Goodman Pavilion *Derby will run to approx. 8:00pm then shift to the Glow Light Dance Party***

If you want to decorate with glow paint or need help putting on the wheels, you can do that in our afternoon program. 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.

### **Campcraft Witches Brew Achgekum Circle:**

Enjoy an evening campfire around Achgekum Circle and enjoy apple cider and doughnuts with folk stories and entertainment from our performers.

### **Haunted Trail: Achgekum Circle**

As younger cubs are enjoying their donuts and cider, older cubs are welcome to experience the haunted trail. Entrance to the trail will begin behind the Chief's podium in the circle.

### **Glow Light Dance Party: Goodman Pavillion**

After the races are done and the track is away stick around for some fancy dancing and fun at the Glow in the Dark Dance Party.

### **Glow in the Dark Slingshots: Riffle Range**

Range will be scheduled for Cub grade/age level. An adult is required for every child who holds a slingshot. Adults should plan to attend this station with their children.

### **Movie:**

Grab a blanket and wind down for the night to a special Halloween movie.

Other activities and events will be located in various places around camp based on volunteers and supplies. A final schedule and map will be available at registration during the event. The activities listed above are our general plans to give you an idea of what will be available. Weather and staffing will also play a role in determining what can run. 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!

## 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 (angina)/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                                                                                                                 |                                                                                                              |



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## Part B2: General Information/Health History

# B2

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 | Yes | No | Allergies or Reactions | Explain |
|-----|----|------------------------|---------|-----|----|------------------------|---------|
|     |    | Medication             |         |     |    | Plants                 |         |
|     |    | Food                   |         |     |    | 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: \_\_\_\_\_



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680-001  
2019 Printing

|  |                                                     |
|--|-----------------------------------------------------|
|  | <h2>Downloading a Scouting America Unit Roster</h2> |
|--|-----------------------------------------------------|

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.

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