



**Connecticut Yankee Council BSA**

**2009-2010**

# **Cub Scout Overnight at the Boston Museum of Science**

## The Overnight Program Includes:

Educational programming and activities including:

- Hands-On science activities led by professional museum staff members
- Science Theater production
- Late night science presentation
- Planetarium show
- Omni Theater show

A Saturday evening snack and Sunday morning continental breakfast will be served. Saturday night dinner is not provided.

Each participant will receive an Overnight patch. Each Cub Scout will also receive a pass for free admission to the museum exhibit halls on return trips through December 31, 2010.

<u>Dates of Overnights:</u>	<u>#of Spots</u>	<u>Registration &amp; Payment Deadline:</u>
<b>Saturday, November 14, 2009</b>	<b>50</b>	<b>Tuesday, September 8, 2009</b>
<b>Saturday, January 16, 2010</b>	<b>50</b>	<b>Tuesday, November 10, 2009</b>
<b>Saturday, February 20, 2010</b>	<b>100</b>	<b>Tuesday, December 15, 2009</b>
<b>Saturday, April 17, 2010</b>	<b>100</b>	<b>Tuesday, February 9, 2010</b>

The Overnight fee is \$55 per person (youth and adult).

Siblings are welcome, but must be in grades 1-5.

Please be sure to get all registrations in by the deadline. Space is limited and Overnights fills up very quickly, so sign-up early. All Overnight reservations are booked on a first come first served basis.

The full registration fee must be paid at the time the reservation is booked.

No refunds can be made after registration deadline.

Contact: Jonathan Glassman 203-876-6868 ext. 237  
jonathan.glassman@scouting.org

# Boston Museum of Science Cub Scout Overnights 2009 - 2010

Please fill out the following form and return with payment to the address at the bottom **BEFORE the Deadline**.  
Space **IS LIMITED**.

**\*\*Please attach a roster of individuals attending.\*\***

Pack #: \_\_\_\_\_ Town: \_\_\_\_\_

Camp-In Coordinator: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please List 2 Emergency Contacts who will not be attending the Overnight:

Name: \_\_\_\_\_ Phone(Day): \_\_\_\_\_ (Eve): \_\_\_\_\_

Name: \_\_\_\_\_ Phone(Day): \_\_\_\_\_ (Eve): \_\_\_\_\_

Our Pack will be attending on: (Check One):

- November 14, 2009** (registration and payment deadline – September 8, 2009) *1-6801-088-20*  
 **January 16, 2010** (registration and payment deadline – November 10, 2009) *1-6801-100-20*  
 **February 20, 2010** (registration and payment deadline – December 15, 2009) *1-6801-101-20*  
 **April 17, 2010** (registration and payment deadline – February 9, 2010) *1-6801-102-20*

## Participating Den Information:

Den Number	Scout Level	Town	Leader Name	# of Youth	# of Adults	Total
	(Tiger, Bear, etc...)					
<b>Totals</b>						

**Total Number of Youth Participants** \_\_\_\_\_ X \$55 = \_\_\_\_\_

**Total Number of Adult Participants** \_\_\_\_\_ X \$55 = \_\_\_\_\_

**Total Amount Paid** \$ \_\_\_\_\_

Return registration forms and payments to:

**Connecticut Yankee Council**

**60 Wellington Rd.**

**P.O. Box 32**

**Milford, CT 06460**

Camp-In Manuals will be sent out once your registration and payment is received. The manuals will include all information you will need to have a successful Camp-In.