



VENTURING · BSA

SUFFOLK COUNTY COUNCIL, BSA
VENTURING "SLEEPLESS HOLLOW"
"WITH EYES WIDE OPEN"
OCTOBER 2-4, 2009



WELCOME LETTER

AS OF 06/01/09

To register your Venturing Crew or Explorer Post for Venturing "Sleepless Hollow":

- A. Please complete this Unit Registration Form and submit to: Suffolk County Council BSA (see below)
- B. Submit the appropriate payment (see the registration fee worksheet)
- C. Final Rosters are due September 1st (since we need shirt sizes)

Notes:

- A. All registration fees are non-refundable but are transferable to other registrants or units
- B. The "Early Riser" registration fee of \$35 pp is due by September 1st, 2009 *** \$5 less than 2008 ***
- C. Cabins are first come, first serve, with priority given to those crews that travel the furthest. If you want a cabin, you must submit your request by September 1st, 2009
- D. Fees for payments made AFTER September 1st, 2009 are \$45 pp
- E. While late registrations are welcome, we ask that you submit payment by September 22nd, 2009. Additional registrations provided AFTER the September 1st, 2009 date will be charged \$45pp
- F. Tour Permits and Certificate of Insurance (for out of council units) must be submitted at Check-in
- G. Permission slips will be the responsibility of each crew

Unit Type: Crew or Post Unit Number: _____ Council: _____ Council No. _____

Primary Contact Person (Youth or Adult): _____ eMail Address: _____

Mailing Address: _____
ADDRESS CITY STATE ZIP

Phone Info: _____
HOME CELL BUSINESS

Mail all forms and payment to: Venturing Sleepless Hollow Registration
c/o Ryan Bieler
7 Scouting Blvd
Medford NY 11763

With this form, include the Fee Worksheet, cabin request form, and preliminary roster

Make all checks payable to:
Suffolk County Council, BSA
Add Acct: 1-6801-940-20
To the "Notes" on the Check

Please do not write below this line

Office Use Only	Date Received =>	_____
# On-Time Registrants:	_____ x \$35 =	_____
# Late Registrants	_____ x \$45 =	_____
Total Registrants/Fees	_____ Total \$ =>	_____
Cabin Fee Received	\$ _____	
Total Merchandise \$ Received	\$ _____	



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OCTOBER 2-4, 2009
UNIT ROSTER



**PLEASE SUBMIT WITH REGISTRATION,
 THEN FINAL BY 9/22/09**

A Unit Roster is required:

- D. Name and contact information for Unit Leader/Advisor, and name of president
- E. Indication of Shirt Size
- F. Identification of any special needs (Physical limitations, Dietary Needs)
- G. Assessment of Swimming Ability Group (Swimmer (S), Beginner (B), Non-Swimmer (N))

Youth Participants Name		Male/ Female	Swimming Ability Group S B N	Shirt Size S M L XL XXL XXXL	Special Needs
1	President-				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Adult Participants Name		Male/ Female	Swimming Ability Group S B N	Shirt Size S M L XL XXL XXXL	Special Needs
1	Advisor-				
2					
3					
4					
5					
6					
7					
8					
9					
10					



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OCTOBER 2-4, 2009
PRELIMINARY PROGRAM ACTIVITIES



AS OF 06/01/09

Below is a list of preliminary program activities that we have planned. Over the next month, the activities will be confirmed and descriptions written. You will be given the opportunity to sign up for program activities after your registration is completed. If you have additional ideas for other activities, please let us know.

Crew Activities	High Activities	Additional Low Activities
Crew Officer Seminar - how to run	Advanced Land Nav.	Black and White Photography
How to run a successful crew mtg	BMX	Building Emer. Prep kits
How to Teach	Canoeing Skills	Campfire Songs / Skits/Firebuilding
Quest Award & Sports Bronze	Caving	Computer Repair
Running the VLSC	Climbing / Rappelling	Cooking Desserts
Super Activity Planning/Sharing	Conservation Project	Dutch Oven Cooking
Venturing Advancement - General	Disability Awareness	HAM Radio
Venturing Youth Protection	Equestrian	Hunter Safety
Working with Boy Scouts	Fencing	Hunting Tricks of the Trade
Working with Cub Scouts	Geo-Caching	Law Enforcement/CSI
	Judo	Learning to See
	Kayaking skills	Leatherwork
	Land Nav. Basics	Leave No Trace
	Mountain Biking	Major Lashing Project
	Native American Dance	Making Video's
	Nature Hike	Model Airplanes
	Open Boating (All)	Model Railroadng
	Primitive Fishing	Native American Drumming
	Rifle Free Shoot	Night Orienteering
	SCUBA	Open Fishing
	The COPE Challenge	Power tool Safety and Use
	Tomahawk Throwing	Primitive Pottery
	Tracking	Safe Swim Defense/Safety Afloat
	Triathlon	Saws, Knives and Axes
		Scrapbooking
		Theatre
		Web Page Development
		Wilderness First Aid 1
		Wilderness First Aid 2
		Wilderness Foraging
		Wilderness Survival
		Winter Sports
		Woodworking
		Writing A Great Resume
		Yoga






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OCTOBER 2-4, 2009
MERCHANDISE ORDER FORM



We are offering the following items for sale. All items ordered by September 1 will be available at check-in. All orders must be prepaid.

Check the Website after June 1 for additional items. Make all checks payable to Suffolk County Council BSA and put “VSH Merchandise” on the notes line of the check.

Graphic	Item	Price Per Item		Quantity	=	Total
	Venturing Sleepless Hollow Patch (slight change to patch expected)	\$ 3.00	X		=	
	Venturing Sleepless Hollow T-Shirt Indicate Sizes in Quantity: S-XXXL	\$ 10.00	X		=	
	Venturing Sleepless Hollow Heavy Duty Sweat Shirt Indicate Sizes in Quantity: S-XXXL	\$ 25.00	X		=	
	Venturing Sleepless Hollow Other Items Coming	\$ -	X		=	
Totals:					=	



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OCTOBER 2-4, 2009
CABIN REQUEST FORM
PLEASE SUBMIT BY SEPTEMBER 1ST 2009



Cabins will be available to Crews/Posts

- A. Priority will be given to those Units traveling the furthest
- B. All cabin requests are due by September 1st, 2009
- C. Tents can be set up outside cabins (for overflow)
- D. Think about teaming up with a unit from your council to share the cabin (if needed)
- E. Please complete the attached form – along with a \$50 Cabin Payment
- F. If selected for a \$75 cabin, the balance of \$25 will be paid at check-in
- G. Units will receive a cabin fee refund if they are NOT selected
- H. Provide your top 3 choices/selection in the space provided
- I. Of course, guide to safe scouting rules apply

Unit Number: _____ Council: _____ Amount Enclosed: \$50

Cabins available:	Price	Holds	Choice (1-5)
Greenwood	\$75	20	
Penataquit	\$75	22	
Toucs Boat House	\$50	10	
Toucs bunkhouse	\$75	14	
Adirondacks Cabin	\$75	20	
Adirondacks Leanto's (6)	\$50	24	



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SUGGESTED PERSONAL AND CREW
EQUIPMENT LIST



Crew/Post Gear List

- Dining Fly (with poles, stakes, and ropes)
- Tents for Crews without Cabins (most campsites have tent platforms)
- Nylon Rope (50', for ax yard, clothesline, etc.)
- Emergency Repair Kit (thread & needle, duct tape, safety pins, etc.)
- Water Jugs (can be refilled at dining hall during the weekend)
- Hatchet and/or Saw (if you want to make a fire)
- American & Crew Flags
- Lantern (with spare fuel)(Note: Cabins have electricity – no electric heaters)
- Camp Chairs, Furniture (if desired)
- Crew First Aid Kit
- Fire Wood (we can't guarantee you'll find enough in the woods)
- Snacks and any other food (for campsites)
- Presentation on your Crew's Superactivity to share with others

Personal Gear/Packing List

- Crew Uniform (to wear during camp dinner, religious services)
- Tent, Poles, Stakes, Ground Cloth, Rain Fly
- Change of Clothes (enough for two days) – check forecast/ Zip is 11933
- Rain Gear
- Swimsuit/Towel – For Polar Bear Swim
- Hiking Boots (plus one extra pair of shoes...for dancing?)
- Sleeping Bag & Pad
- Clothes to Sleep In
- Personal Toiletries (towel, soap, toothbrush, toothpaste, deodorant, etc.)
- Camera / Binoculars
- Pen, Pencil, Notebook
- Compass, GPS if you have one
- Flashlight
- Pocket Knife
- Personal First Aid Kit
- Water Bottle(s)
- Ranger, Quest Guidebooks, Venturer Handbook
- Certification Cards (First Aid, CPR, etc. for sessions, if required)
- Extra Money (Trading Post, Special Programs, etc.)
- Bicycle for Mountain Biking
- A REALLY BIG SMILE & GOOD ATTITUDE!!

.....
 • Please Remember: The weather this weekend can be a beautiful
 • Long Island summer weekend, a cold wet rainy weekend, or
 • anything in between. So be sure to be prepared.
 •
 • Remember to check the weather report for the weekend before you
 • pack and be sure to pack appropriately. Most program areas will
 • not be moved or cancelled because of wet or cold weather.
 •



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OCTOBER 2-4, 2009
EVENT SCHEDULE



Friday, October 2nd, 2009

6:00pm	11:00pm	Registration and Campsite Set-up	Dining Hall
6:00pm	8:00pm	Indoctrination and Gathering Activities	In Dining Hall - See Program Choices
8:00pm	11:00pm	Indoctrination for Crews Arriving after 8pm	In Dining Hall - As Crews arrive
8:00pm	9:30pm	Program Session 1	See Program Choices
9:30pm	11:00pm	Program Session 2	See Program Choices
11:00pm	12:00am	Program Session 3	See Program Choices

Saturday, October 3rd, 2009

12:00am	1:00am	Midnight Buffet	Dining Hall, Bonfire
1:00am	2:00am	Program Session 4	See Program Choices
2:00am	3:00am	Program Session 5	See Program Choices
3:00am	4:00am	Program Session 6	See Program Choices
4:00am	5:00am	Program Session 7	See Program Choices
5:00am	6:00am	Program Session 8	See Program Choices
6:00am	7:00am	Sunrise, Polar Bear Swim in the lake	Meet At Dining Hall
7:00am	8:00am	Freshen Up - Clean-up	
8:00am	9:00am	Breakfast, Signups	In Dining Hall
9:00am	9:30am	Opening Ceremony	Parade Field
9:30am	10:45am	Program Session 9	See Program Choices
10:45am	12:00pm	Program Session 10	See Program Choices
12:00pm	1:00pm	Lunch	In Dining Hall
1:00pm	2:15pm	Program Session 11	See Program Choices
2:15pm	3:30pm	Program Session 12	See Program Choices
3:30pm	4:30pm	Scavenger hunt	Meet on Parade Field
4:30pm	6:00pm	Clean up for Scouters Own, Dinner	
5:30pm	6:30pm	Catholic Mass	Koch Catholic Residence
6:00pm	6:30pm	Scouters Own, Retreat	Dining Hall
6:30pm	7:30pm	Dinner	Dining Hall
7:30pm	8:30pm	Venturing Tenth Anniversary Campfire	Ampitheatre
8:30pm	12:00pm	Group Activities, PJ Party	Top of Camp, see schedule
12:00pm		CRASH	Dining Hall, Campsites

Sunday, October 4th 2009

8:00am	8:10am	Flag Ceremony	Parade Field
8:10am	9:00am	Breakfast	Dining Hall
9am	10:00am	Cleanup	Gear to Parking Lot; Campsites Cleaned-Up
10am	11:00am	Checkout begins	See Checkout team

****Program subject to change**



PERSONAL HEALTH AND MEDICAL RECORD

CLASS 1 AND CLASS 2

Height _____ Weight _____ Eye color _____ Hair color _____

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

(To be filled out annually by all participants)

To be filled out by parent, guardian, or adult participant. Please print in ink.

IDENTIFICATION

Name _____ Date of birth _____ Age _____ Sex _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____ Zip _____

Business address _____ City _____ State _____ Zip _____

If person named above is not available in the event of an emergency, notify

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants Yes | | No | Explain: _____

GENERAL INFORMATION:	Yes	No	Yes	No	Yes	No		
ADHD (Attention-Deficit Hyperactivity Disorder)			Convulsions/seizures			Hemophilia		
Asthma			Diabetes			High blood pressure		
Cancer/leukemia			Heart trouble			Kidney disease		

Explain: _____

Please list ALL medications taken in the 30 days prior to arrival at the Scouting activity where this form is to be used: _____

List any medications to be taken at camp, including drug, dosage, route (oral, injection, etc.), and frequency: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

Immunizations: (Give date of last inoculation.)

Tetanus toxoid _____	Measles _____	Polio _____
OR DPT _____	OR MMR _____	_____
Hepatitis A _____	Varicella _____	OR Chicken pox _____
Hepatitis B _____	_____	_____

I give permission for full participation in BSA programs, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date _____ Signature of parent/guardian or adult _____

Date updated _____ Signature of parent/guardian or adult _____

Date updated _____ Signature of parent/guardian or adult _____

Some hospitals require the parent/guardian signature to be notarized. Check with your BSA local council.

NAME

TROOP

CAMP SITE



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OCTOBER 2-4, 2009



PHOTO/VIDEO RELEASE

Please have each of your unit members complete this form. It's a requirement of Suffolk County Council BSA.

All people who attend the Venturing Sleepless Hollow Activity may be photographed or videotaped, or otherwise recorded. It is understood that all attendees give a full and unconditional release of all rights to any images obtained, including but not limited to photographs, electronic images, video and other records made of the proceedings. This release shall apply to all purposes for which such images may be used, including, but not limited to: publicity, republication, resale, distribution, etc. This release shall be a full waiver of all rights, in perpetuity, including the right to any compensation for any images obtained during these events.

I have read and agree to the above paragraph. I understand that my son/daughter will not be permitted to attend the Venturing Sleepless Hollow if I do not agree with or modify any part of the above information.

Unit Members Name _____ Unit Type/Number _____

Parent's Name _____

Parent's Signature _____



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DIRECTIONS

