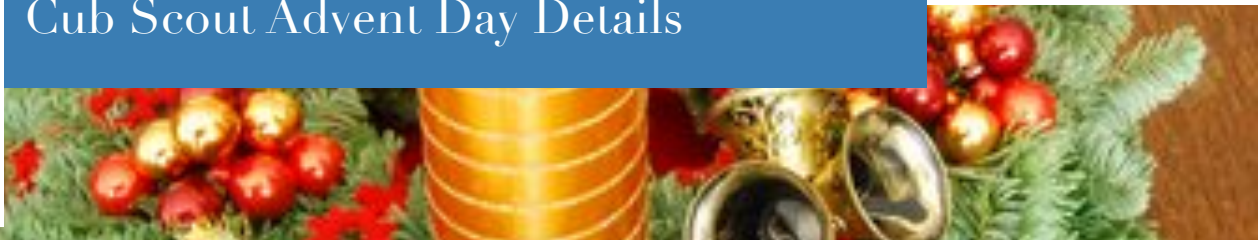




Cub Scout Advent Day Details



- LOCATION:** Holy Family Cathedral
566 S Glassell St, Orange CA
- DATE:** Saturday, Dec. 03, 2011
- TIME:** 08:30 am - 03:00 pm (9 am start)
- RSVP:** By Wednesday, November 30, 2011
- COSTS:** \$10.00 per Scout, includes crafts, snacks and a cool patch

Enjoy a day of fun and faith in the Cub Scout way as your son and we explore the season of Advent and prepare for celebration of Christ's birth and triumphant return! Parents are welcomed to stay and participate.

WHAT TO BRING

- ☞ SACK LUNCH - labeled on the outside with your child's name.
- ☞ LIGHT JACKET OR SWEATSHIRT
- ☞ PERMISSION SLIP (BELOW) with Medical Release and Photo Waiver

WHAT NOT TO BRING

- ☞ Please leave electronic devices such as MP3 players, iPods, and portable game systems at home.

Please fill out and return registration form and parental slip (below/next page) with the \$10 fee. Make check out to CCS. Groups/Packs may register by providing name, address, phone, and unit number on one sheet however a signed Parent Permission slip will be required for each Scout. Reproduce the Parent Permission Slip as required.

BOY SCOUTS: Need service hours? Please consider helping and learning more about Crew 1910 - the Catholic Crew dedicated to helping Catholic Scouts throughout the Orange County Council. Training available. Contact Carly Hill at cubadvent@yahoo.com.

FOR MORE INFORMATION, SEE OUR WEBSITE: <http://www.oc Catholicscouting.org/>

OR CONTACT: Lee Sperry cubadvent@yahoo.com OR (505) 412-5954

CUB SCOUT ADVENT DAY 2011 REGISTRATION

Scout Name: _____ Age: _____ Grade: _____ Tel: _____

Address: _____ City: _____ Zip: _____

Parish: _____ Cub Pack # _____

Email: _____ (Registration confirmation will be sent via email)

SCOUT RANK: *Circle One* TIGER WOLF BEAR WEBELOS

Registration Fee: \$10.00

SEND TO: Lee Sperry, 640 Taper Dr., Seal Beach, CA 90740

PERMISSION SLIP

I request that my son _____ be permitted to attend the Catholic Committee on Scouting, Diocese of Orange Cub Advent Day on Saturday, December 3, 2011. He is in good physical condition. Should any illness or accident occur to him during the event, I will not hold the Boy Scouts of America, the Catholic Committee on Scouting, Diocese of Orange, its officers, leaders, agents, or members liable for medical or other expenses incurred in care of my son.

Parent's Phone: _____ Emergency Phone: _____

X _____ Date: _____

PHOTO RELEASE

I hereby assign and grant to Catholic Committee on Scouting the right and permission to use and publish onto the Catholic Committee Web site, the photographs and electronic representations taken of any of my family members at any Scouting events. No names, personal phone numbers or addresses will be used with the photos. If I choose to revoke this permission, I will submit it in writing to a committee member and the photo of my family will be removed within 3-4 business days.

_____ I DO NOT WISH MY SON TO BE PHOTOGRAPHED.

Parent/Guardian Name: _____

X _____ Date: _____