



Lincoln Heritage Council

Haunted Woods

Oct. 25, 2014

11 am - 3 pm

Bring your den of monsters out to Tunnel Mill Scout Reservation for a day of spooky (not scary!) Halloween fun. Camp overnight if you dare!



- BB/Archery Ranges, Face & Pumpkin Painting
- Halloween Games, Spooky Trail
- Refreshments available for purchase
- Patch & goody bags guaranteed for paid pre-registrations
- Camping Saturday night available

DAY VISITOR \$5/pp before or on 10/10

DAY VISITOR + CAMPING \$7/pp before or on 10/10

10/10 DAY VISITOR \$8/pp after 10/10

DAY VISITOR + CAMPING \$10/pp after 10/10

**All fees include patch & goody bag.
Adults and under 3 do not need to pay fee if you do not want a patch.**

Questions?

Please contact Kathy Ritchie • theritchies1@gmail.com • 502.797.8408 or
Sarah Flowers • sflowers@scouting.org • 502.400.5362

Mail with roster to: Haunted Woods 2014, Lincoln Heritage Council
PO Box 36273 • Louisville, KY • 40233-6273

****Coordinator for Pack****

Please try to submit all registrations for Pack at the same time utilizing the attached roster.

Individual families registering should also use the roster. Payment not required for children under age 3 or adults not wanting a patch.

Haunted Woods is a FUN event for Cub Scouts and their families. Terrain does not allow for wheelchairs or strollers. Dress for the weather - event happens Rain or Shine! Camping availability is limited and sites will be available according to number of registrants - patches and goody bags guaranteed for pre-registrations only (10/10 deadline).

Pack No.: _____

Total Payment Enclosed: \$ _____

Please make check payable to Lincoln Heritage Council

1-6801-086-20

Council Event Roster - Please include this form with the registration form.

Event Name: **Haunted Woods**

Event Date: **October 25**

Unit Camping: ☐ Yes ☐ No (Please make your reservations directly with the Scout Office)

District: _____

Unit (Circle One): Pack Troop Team Crew Ship Post Unit #: _____

Unit Leader Name: _____

Mailing Address: _____

Phone: _____ Unit Leader Email: _____

Please print first and last name clearly:

*check if
under 3 - no fee*

Youth

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

Total paying Youth: _____

Total free Youth: _____

check if no patch - no fee

Adults

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

Total paying Adults: _____

Total free Adults: _____