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HOMENETMEN GREATER BOSTON CHAPTER
ARMENIAN GENERAL ATHLETIC UNION AND SCOUTS

2009 Boston Camp

Dates: **Friday, July 24, 2009** *Depart from Agoump at 1:30 pm*
to **Sunday, July 26, 2009** *Arrive at Agoump at 2:30pm*

Cost: \$90 per scout (first child)
\$75 per scout (additional children)
Includes round-trip transportation by bus

Location: **Camp Norse**
112 Parting Ways Rd.
Kingston, MA 02364

Registration dates*: Thursday, June 25, 2009 7:00-9:00 p.m. – Agoump
Saturday, June 27, 2009 1:00-3:00 p.m. – Scouts Picnic
Thursday, July 9, 2009 7:00-9:00 p.m. – Agoump

Final Registration deadline is:
Thursday, July 16th, 2009 from 7:00 p.m. to 9:00 p.m. at the Agoump
No Exceptions

List of things to bring to Camp

- Full scouting uniform (scouts long sleeve shirt, navy blue pants/navy blue skirt, poghgab, scouting hat/beret and black shoes)
- Homenetmen and Armenian T-shirts
- Pants, Shorts
- Sneakers
- Sweaters (warm clothing)
- Socks, underwear
- Towels
- Bathing suit
- Soap, toothbrush, toothpaste, deodorant
- Insect repellent
- Canteen/water container
- Poncho (rain gear), Hat
- Sleeping bag, or blankets, pillow, sleepwear
- Compass
- Notebook, paper, pen
- Flashlight (with extra batteries)
- Campfire related materials – songbook, etc.

Things not to bring

- Food
- Knives (even scouting knives)
- Jewelry
- Shaving cream (or any similar materials to be used for pranks)

Parents of scouts in possession of “prank” materials will be contacted to pick up their child from the campsite immediately.

Please contact Y. Vicken Khatchadourian with inquiries:
617-256-9584 or vickenak@gmail.com



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HOMENETMEN GREATER BOSTON CHAPTER
ARMENIAN GENERAL ATHLETIC UNION AND SCOUTS

2009 Boston Camp
Permission Form

I hereby authorize my son/daughter _____ to go to a **Homenetmen Boston 2009 Chapter Camp** at **Camp Norse** in **Kingston, MA** with Troop #290 from **Friday, July 24, 2009** to **Sunday, July 26, 2009**.
 I hereby authorize the performance of necessary medical and/or surgical treatment of my child in case of illness or accident when neither parent can be located.

Contact Information

	Parent or Guardian	Parent or Guardian	Relative
Name:			
Address:			
Home Phone:			
Work Phone:			
Cell Phone:			

Medical Information

	Yes	No	Description/Instructions
Is the scout allergic to any medication?			
o Penicillin			
o			
Is the scout taking any medication?			
Is the scout allergic to anything else?			
Does the scout have any chronic illness?			
o Asthma			
o Diabetes			
o			

Name of Insurance Provider: _____ **Policy/Group #:** _____

On Saturday evening, the scouts will be preparing a 'kharouyghantes' full of songs, skits and other fun activities. We would like to invite all the scouts' family and friends to join us (starting at 6:00pm) that evening to visit the camp, have dinner with us, and enjoy the 'kharouyghantes' around the campfire.

To make the appropriate arrangements, we would like to ask if you will be able to join us Saturday evening. Please check the appropriate answer below. We appreciate your cooperation:

YES, I will visit the camp Saturday evening with _____ guests. **NO, I will not be able to visit the camp.**

The signature of the parent/guardian is herewith verified by HOMENETMEN. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/We hereby waive all claims against HOMENETMEN, its sponsors, organizers and supervisors and any and all of them, in case of injury to my/our child.

I hereby certify that I have carefully read all of the above information, and it is complete, true and correct.

Signature (parent or guardian): _____ Date: _____