



CUB SCOUT FALL FRIGHT FEST

SATURDAY, OCTOBER 14, 2006

CUB WORLD, BEAUMONT SCOUT RESERVATION

4:00 P.M. - 9:00 P.M.

LIMITED TO 1000 PARTICIPANTS

(CUB SCOUTS AND THEIR FAMILIES)

RESERVATIONS MUST BE MADE BY FRIDAY, SEPTEMBER 29, 2006

(if we reach capacity prior to September 29, reservations will be closed)

A FUN ACTIVITY TO ADD TO THE HALLOWEEN SPIRIT
GAMES, CRAFTS, HAUNTED TRAIL, STORY TELLING, GOODY BAG FOR EVERY CHILD

Car Pooling encouraged. **Sorry, no walk-in's accepted.** First come, first served.
BE SURE TO CHECK YOUR CONFIRMATION LETTER FOR ASSIGNED STARTING TIME –
IT MAY BE DIFFERENT FROM THE TIME YOU REQUESTED

CUB SCOUT FALL FRIGHT FEST

**MAIL THIS RESERVATION FORM
WITH YOUR CHECK BY SEPTEMBER 25 TO:**

Make check payable to: **GSLAC/BSA**
(Deadline at counter is Friday, September 29)

**Activities Service, B.S.A.
4568 West Pine Boulevard
St. Louis, MO 63108-2193**

Pack Number _____ District _____

NUMBER OF CUB SCOUTS _____ x \$7.00 = \$ _____

NUMBER OF SIBLINGS _____ x \$7.00 = \$ _____

TOTAL FEES ENCLOSED \$ _____

NUMBER OF ADULT FAMILY MEMBERS TO ATTEND _____

INDICATE 1st, 2nd, 3rd CHOICE OF STARTING TIMES – BETWEEN:

_____ 4:00 p.m.-4:30 p.m.

_____ 5:30 p.m.-6:00 p.m.

_____ 4:30 p.m.-5:00 p.m.

_____ 6:00 p.m.-6:30 p.m.

_____ 5:00 p.m.-5:30 p.m.

_____ 6:30 p.m.-7:00 p.m.

_____ 7:00 p.m.-7:30 p.m.

**Note: Reservations are
placed according to the date
received. Be sure to check
your confirmation letter for
your assigned starting time.**

MAIL TICKETS TO SCOUT LEADER IN CHARGE OF EVENT ORGANIZATION:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER: H (____) _____ B (____) _____