

Boxwell At a Glance

July 10 to July 16, 2011

What: A great time at camp with Scouts from Troop 31 and Middle Tennessee

When: Sunday July 10 to Saturday July 16

Where: Boxwell Reservation off Highway 109 near La Guardo, TN on Old Hickory Lake

How:

Sign up: Completed Registration Form to Glen Civitts **after** March 21, 2011

Pay up: Early Registration Deadline of April 4, 2011 Cost \$185 Regular Registration after April 4, 2011 \$205; check with Registration Form; These will not be accepted separately.

Check up: Completed Approved BSA Health and Medical Record form due by June 1, 2011; must be dated **after** July 16, 2010 (Valid for 12 months); adults staying overnight included.

Merit Badge Sign-Up:

Details to come

Questions:

Glen Civitts @ 615-496-3987 or 615-251-1070 or gac@h3gm.com

Sharon Crawford @ 615-925-9815 or scoutdramasam@gmail.com



Date Received/Registration Number: _____
Date Check Received: _____
Date Medical Form Received: _____
Date Merit Badge Selections Received: _____

Boxwell 2011 Registration Form July 10-16

Personal and Family Information

Scout's Name:

Last	First	Middle Initial
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Address:

Street Address	City	State	Zip
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Home Phone:

Office Phone:

Birthdate:

Current School Grade:

Dad's Name and Cell

Number:

Mom's Name and Cell

Number:

Parents' Primary Email:

Scout's Email and Cell:

Scouting Information

Current Scout Rank:

Troop 31 Patrol Name:

Special Accommodations/Dietary Restrictions/Medications?

Please return this form with check for \$205.00¹ payable to "BSA/Boxwell Summer Camp" to:

Glen Civitts

1616 Chickering Road

Nashville, TN 37215

Questions? Contact Glen @: Home: 615-370-3987

Cell: 615-496-3987

Work: 615-251-1070

Email: gac@h3gm.com

¹ Reservation Fee is \$185.00 if submitted by Early Bird Deadline of April 4, 2011. Additional fees may apply for specific merit badges

Annual BSA Health and Medical Record

Part A

GENERAL INFORMATION

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Name _____ Date of birth _____ Age _____ Male Female
 Address _____ Grade completed (youth only) asf
 City _____ State _____ Zip _____ Phone No. _____
 Unit leader _____ Council name/No. _____ Unit No. _____
 Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
 Health/accident insurance company _____ Policy No. _____

ATTACH A PHOTOCOPIY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:

Name _____ Relationship _____
 Address _____
 Home phone _____ Business phone _____ Cell phone _____
 Alternate contact _____ Alternate's phone _____

HEALTH HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma Last attack: _____	
		Diabetes Last HbA1c: _____	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure: _____	
		Sleep disorders (e.g., sleep apnea)	Use CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Abdominal/digestive problems	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____

Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

Exemption to immunizations claimed (form required).

(For more information about immunizations, as well as the immunization exemption form, see Scouting Safety on Scouting.org.)

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____

Administration of the above medications is approved by (if required by your state): _____

Parent/guardian signature and/or MD/DO, NP, or PA signature

Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Emergency contact No.:

Ages:

DOB:

Full name:

Part B

INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

High-adventure base participants:

Expedition/crew No.:

or staff position:

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

Without restrictions.

With special considerations or restrictions (list)

TALENT RELEASE AGREEMENT

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes No

ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:

You must designate at least one adult. Please include a telephone number.

1. Name	Telephone
2. Name	Telephone
3. Name	Telephone

Adults NOT authorized to take youth to and from events:

1. Name
2. Name
3. Name

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

If I am participating at Philmont, Philmont Training Center, Northern Tier, or Florida Sea Base: I have also read and understand the risk advisories explained in Part D, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider.

Participant's name

Participant's signature

Date

Parent/guardian's signature

Date

(if participant is under the age of 18)

This Annual Health and Medical Record is valid for 12 calendar months.

Part B Full name:

DOB:

High-adventure base participants:

Expedition/crew No.: _____
 or staff position: _____

Part C

TO THE EXAMINING HEALTH-CARE PROVIDER (Certified and licensed physicians [MD, DO], nurse practitioners, and physician's assistants)
 You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program at one of the national high-adventure bases, please refer to Part D for additional information.

(Part D was made available to me. Yes No)

PHYSICAL EXAMINATION

Height (inches) _____ Weight (pounds) _____ Maximum weight for height _____ Meets height/weight limits Yes No
 Blood pressure _____ Pulse _____ Percent body fat (optional) _____

If you exceed the maximum weight for height as explained on this page and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle-accessible roadway, you **will not** be allowed to participate. At the discretion of the medical advisors of the event and/or camp, participation of an individual exceeding the maximum weight for height may be allowed if the body fat percentage measured by the health-care provider is determined to be 20 percent or less for a female or 15 percent or less for a male. (Philmont requires a water-displacement test to be used for this determination.) Please call the event leader and/or camp if you have any questions. Enforcing the height/weight guidelines is strongly encouraged for all other events.

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs							
Neurological				Other	Yes	No	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			Explain
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			
Tuberculosis (TB) skin test (if required by your state for BSA camp staff)					<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	

Allergies (to what agent, type of reaction, treatment): _____

Restrictions (if none, so state) _____

EXAMINER'S CERTIFICATION

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant

- Meets height/weight requirements
- Does not have uncontrolled heart disease, asthma, or hypertension
- Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from their orthopedic surgeon or treating physician
- Has no uncontrolled psychiatric disorders
- Has had no seizures in the last year
- Does not have poorly controlled diabetes
- If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures

Provider printed name _____

Address _____

City, state, zip _____

Office phone _____

Signature _____

Date _____

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

REVIEW FOR CAMP OR SPECIAL ACTIVITY Reviewed by _____ Date _____ Further approval required <input type="checkbox"/> Yes <input type="checkbox"/> No Reason _____ By _____ Date _____	DO NOT WRITE IN THIS BOX
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Part C Full name: _____ **DOB:** _____

Boxwell Summer Camp

July 10-15, 2011

Contacts:

Glenn Civitts
Glen.Civitts@h3gm.com

Sharon Crawford
scoutdramasam@gmail.com
615-925-9815

Summer Camp Parent Information Sheet

Please Distribute to EACH SCOUT and their parents!

WHAT TO BRING TO CAMP

Signed Medical form (MANDATORY)
 Spending Money for the Trading Post
 T-shirts
 Shorts, extra
 Socks and underwear
 Shoes (tennis and/or hiking)
 Poncho or rain gear
 Swim Trunks
 Blankets or Sleeping Bag
 Fan

Fishing Gear (Optional)
 Insect Repellent
 Pen and Paper
 Scout Handbook
 Flashlight (with fresh batteries)
 Toilet kit (toothbrush, towel, soap, etc.)
 Scout Uniform (shorts or long pants)
 Compass
 Camping Chair
 Reusable Water Bottle

WHAT NOT TO BRING TO CAMP

Bikes
 Roller blades or skates
 Skateboards
 Sheath knives

Butterfly knives
 Fireworks
 Dogs (Except for Seeing Eye Dogs), cats or other pets

SUMMER CAMP FEE SCHEDULE

Description **\$30 deposit is required even if applying for Campership.**	Discount Fee if deposit paid by 4/4		Regular Fee After 4/4	
	Early	Early	Regular	Regular
	In Council	OOO	In Council	OOO
Camper Fee	\$185.00	\$210.00	\$205.00	\$230.00
Provisional Camper	\$220.00			
Two Week Camper (Additional Second Week)	\$160.00			
All Program fee need to be paid at time of registration.				

Adopted and Provisional Campers

If your son cannot attend Boy Scout Summer Camp with his troop, he has several options. The "**Adopted Scout Program**" allows a Scout to attend with a troop other than his own. Parents will have to make arrangements with the attending Troop's Scoutmaster for this program. The fees are the same as the Summer Camp Fees.

A **Provisional Troop** will be organized every week of camp to accommodate a Scout who is unable to attend with his troop or is attending a second week after. A staff Scoutmaster will be assisted by other adult leaders to provide the base of operations and oversight for Scouts while they enjoy the regular programming while a part of a temporarily organized troop. The fee for Provisional Scouts is \$220, a deposit of \$50 must be included with his application.

The remaining \$170 should be paid by June 1, 2011. Completed merit badge paperwork for a provisional Scout can be obtained by his parent or guardian after 6:00 p.m. on the Friday of the week he attends camp. It is the responsibility of the Scout to ensure that any paperwork is submitted to his Scoutmaster.

Certain course offerings require additional program fees. Consult your Scoutmaster for further information and applications concerning any of the above programs. You can also visit the Middle Tennessee Council website at www.mtcbsa.org.

The camp week begins on Sunday at 1:00 pm and ends on Saturday at 10:00 am.

CAMP MAILING ADDRESS

Scout Name: _____
Troop Number: _____
Boxwell Reservation
Camp: (either Craig or Stahlman)
1260 Creighton Lane
Lebanon, TN 37087
Boxwell Phone & Fax: (615) 444-7072

SCOUT OFFICE ADDRESS

Middle Tennessee Council
PO Box 150409
Nashville, TN 37215
Phone: (615) 383-9724
FAX: (615) 297-9916

In case of an emergency, Scouts and Leaders may use the phone in the office at the Cripple Crab.

Please Note: An adult must accompany all Scouts when using the camp phone at all times.

NOTE: The camp phone and fax numbers are provided for business and emergency use only. It is the only camp administration line to the property. Boxwell is not equipped with a paging system. Non-emergency messages will be delivered at the next dining opportunity.

Family Night

Come join your son for a delicious meal! You may arrive anytime after 4:30 pm on the Friday your son is at camp and join him for dinner - the cost is \$7.00 for each family member guest. **Tickets must be purchased at the Cripple Crab.** If you would like to join us on Friday, please inform your Scoutmaster in advance so we can make proper arrangements. We request that all families, scouts, and leaders stay for campfire.

Spend the night and bring your son home on Saturday. Though camping with your son's unit is strongly discouraged, we will make an area available to you and your family to camp, so don't forget your equipment! There is no charge for overnight arrangements.

Parents, if you would like to visit our Trading Post the hours are Sunday 1:00 p.m. – 9:00 p.m. and Friday 8:30 a.m. to 9:00 p.m. (Closed during Camp Fire).

Merit Badge Class Application

- Complete this form with class choices from
- Fill in choices with 2 alternate schedules
- Refer to fee schedule if your class has an activity fee
- Turn in ASAP to ASM Sharon Crawford
- If anyone is unsure of how to fill out or just wants assistance please see Sharon Crawford at a meeting and she will help you.

Name _____

Phone number to call _____

Choice 1	Choice 2	Choice 3
9 _____	9 _____	9 _____
10 _____	10 _____	10 _____
11 _____	11 _____	11 _____
Lunch	Lunch	Lunch
2 _____	2 _____	2 _____
3 _____	3 _____	3 _____

Example 1
9 Forestry
10 Textiles
11 Athletics
2 Art/Sculpture
3 Nature

Example 2
9 Swimming(2hr)
10
11 Rowing
2 First Aid (2hr)
3

Merit Badge and Activity Fees

All pre-ordered Merit Badge supplies are available at camp.

Pre-ordered Merit badges are non-refundable due to special packaging and reduced prices.

The following Merit Badges and Activity Fees must be paid when registering

<u>Description</u>	<u>Fee</u>
Advanced COPE	\$38.00
Archery Merit Badge (Week)	\$16.00
Automotive Maintenance	\$5.00
Basic COPE	\$33.00
Basketry Merit Badge (cost includes 2 basket kits)	\$16.00
Leatherwork Merit Badge	\$10.00
Motor Boating Merit Badge (Week)	\$24.00
Rifle Shooting Merit Badge (Week)	\$18.00
Shotgun Shooting Merit Badge (Week)	\$20.00
Space Exploration Merit Badge (Rocket Kit)	\$12.00
Water Sport Merit Badge (Week)	\$24.00
Woodcarving Merit Badge	\$5.00
Leatherwork/Woodcarving	\$15.00
NRA Light Rifle	\$15.00
Geology Merit Badge	\$5.00
Woodwork Merit Badge	\$5.00

These fee must be paid at camp at Trading Post

<u>Description</u>	<u>Fee</u>
Muzzle Loading Shooting Program (By appointment only)	\$10.00
Recreational Motor Boating Token (Day)	\$12.00
Recreational Rifle Shooting (per target -10 shots)	\$2.00
Recreational Shotgun Shooting (for 5 shots)	\$3.00
Recreational Water Sport Token (Day)	\$10.00
Scoutmaster Shotgun Shoot (25 Birds)	\$12.00
Shotgun Shooting Merit Badge (Extra Practice, 25 Birds)	\$12.00

2011 Merit Badge Class Schedule

Merit Badge and other Programs	Year	Cost	8am	9am	10am	11am	1pm	2pm	3pm	4pm	Other	Location
Advanced COPE (8 am - 11 am) **		\$38		8								COPE Area
Archery (2 HR)	3rd Year	\$16		16				16				Archery Range
Archaeology					15						15	Con Yard
Astronomy (7:30-9:00 pm Mon-Thur only)	1st Year											Cripple Crab
Athletics	2nd Year							28				Activity Yard
Automotive Maintenance	14 and older	\$5			6							Boat Harbor
Basic COPE (8 am-11 am, 1 pm-4 pm) **	13 and older	\$33		16				15				COPE Area
Basketry	1st Year	\$16		20	20	20		20	20			Handicraft
BSA Lifeguard -All Day **	15 and older						10					Waterfront
BSA Lifeguard Counselor - All Day **	21 and older						5					Waterfront
Camping	2nd Year			30								Activity Yard
Canoeing (2 HR)	3rd Year			24				24				Waterfront
Cinematography	3rd Year								8			HA Building
Climbing (2 HR)	3rd Year			11				11				Climbing Tower
Cycling (2 HR)	3rd Year			18				18				Cripple Crab
Disability Awareness	1st Year								20			Cripple Crab
Emergency Preparedness	2nd Year			25	25			25				Activity Yard
Environmental Science	completed 7th grade			25				25				Con Yard
First Aid	1st Year			25	25			25	25			Activity Yard
Fish and Wildlife Management	1st Year			25	25							Con Yard
Fishing	1st Year			20	20							Con Yard
Forestry	2nd Year			25				25				Con Yard
Geocaching (Mon & Thur only 4:00-5:00pm)	1st Year									6		HA Building
Geology	2nd Year	\$5		25				25				Con Yard
Green Bar First Class ** (9-12 and 2-5)	1st Year			24					24			Green Bar Area
Green Bar Second Class ** (9-12 and 2-5)	1st Year			24					24			Green Bar Area
Green Bar Tenderfoot ** (9-12 and 2-5)	1st Year			24					24			Green Bar Area
Indian Lore	1st Year			25				25				S-OA Lodge, C-Veranda
Instruction Swim ** (11 am -WF, 4 pm-Pool)					25					25		Waterfront, Pool

In the above schedule the number indicated below the time is the capacities of each class

Merit Badge and other Programs	Prereq.	Previous Work Requisites and Materials needed
Advanced COPE (8 am - 11 am) **		Completed C.O.P.E. in a previous summer; blindfold, water bottle, closed toed shoes, clothing should be well-fitting and not to large on Scout, must be comfortable; GLOVES
Archery (2 HR)	1, 2, 3, 4	Lots of practice, difficult, skill needed
Archaeology		
Astronomy (7:30-9:00 pm Mon-Thur only)		Paper and pencil
Athletics	1	Be physically fit
Automotive Maintenance	12	14 year minimum
Basic COPE (8 am-11 am, 1 pm-4 pm) **		First Class, Physically fit; blindfold, water bottle, closed toed shoes, clothing should be well-fitting and not to large on Scout, must be comfortable; GLOVES
Basketry		2 kits required from Trading Post
BSA Lifeguard -All Day **		First Aid and CPR certified, significant aquatic experience and strong aquatic skills
BSA Lifeguard Counselor - All Day **		Previously or currently certified Lifeguard with BSA, Red Cross or YMCA. Must have extensive experience and strong aquatic skills. First Aid
Camping	9	Backpack, small tent, ground cloth, sleeping bag, and compass
Canoeing (2 HR)	2b	Complete BSA Swimmer Test
Cinematography		
Climbing (2 HR)		
Cycling (2 HR)		Practice
Disability Awareness		
Emergency Preparedness	8b, 8c	First Aid Merit Badge, bring Emergency Pack to camp (8c), pencil and paper
Environmental Science	3e	Paper and pencil, bring proof of requirement 7
First Aid	2b	Tenderfoot, Second Class, First Class Requirement, bring First Aid Kit to camp (2b)
Fish and Wildlife Management	5	Bring proof of requirement 5
Fishing		Fishing Licenses not required Pole and tackle provided
Forestry	5	Paper and pencil, bring proof of requirement 5
Geocaching (Mon & Thur only 4:00-5:00pm)		this class is Monday and Thursday only from 4:00 - 5:00 pm
Geology	5	Bring proof of requirement 5 to camp
Green Bar First Class ** (9-12 and 2-5)		NO OPENED TOED SHOES, swim suit, towel, goggles if needed, Scout handbook, COMPASS, water bottles
Green Bar Second Class ** (9-12 and 2-5)		NO OPENED TOED SHOES, swim suit, towel, goggles if needed, Scout handbook, COMPASS, water bottles
Green Bar Tenderfoot ** (9-12 and 2-5)		NO OPENED TOED SHOES, swim suit, towel, goggles if needed, Scout handbook, COMPASS, water bottles
Indian Lore	2	
Instruction Swim ** (11 am -WF, 4 pm-Pool)		

In the above schedule the number indicated below the time is the capabilities of each class

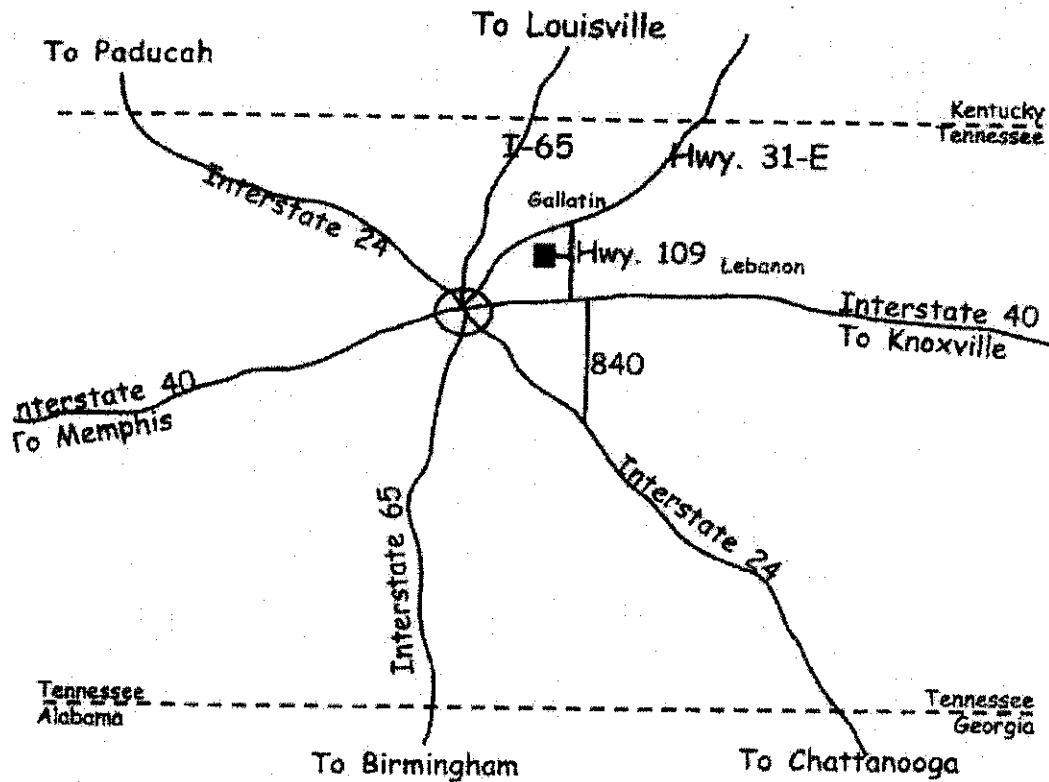
Merit Badge and other Programs	Year	Cost	8am	9am	10am	11am	1pm	2pm	3pm	4pm	Other	Location
Leatherwork	1st Year	\$10		20	20							Handicraft
Leatherwork/Woodcarving	1st Year	\$15		20		20			20			Handicraft
Lifesaving (2 HR)	3rd Year		16	16				16	16			Waterfront
Mammal Study	2nd Year				25			25	25			Con Yard
Mill Swim **	2nd year				26							Waterfront
Motorboating	14 and older	\$24	8	8	8			8	8			Boat Harbor
Music	1st Year			25				25				Activity Yard
Nature	2nd Year			25				25	25			Con Yard
NRA Light Rifle **		\$15	10	10	10			10	10			Parnell Rifle Range
Personal Fitness	14 and older			20				20				Activity Yard
Photography	All				20							Activity Yard
Pioneering (2 HR)	14 and older			15				15				Activity Yard
Reptile and Amphibian Study	2nd Year		25	25								Con Yard
Rifle Shooting (2 HR)	3rd Year	\$18	12						12			Rifle Range
Rowing (2 HR)	14 and older			8					8			Waterfront
Shotgun Shooting (2 HR)	3rd Year	\$20	10						10			Shotgun Range
Small Boat Sailing (2 HR)	14 and older		6						6			Boat Harbor
Snorkeling (4 pm Mon-Thur only) **										25		Pool
Soil and Water Conservation	1st Year				25							Con Yard
Space Exploration	1st Year	\$12	20	20				20	20			Activity Yard
Sports	2nd Year							20				Activity Yard
Survivor Man Series	4th Year				12							Activity Yard
Swimming (2 HR)	2nd Year		32					32				Pool
Water Sports (1 HR) - know how to waterski	14 and older	\$24		6								Boat Harbor
Water Sports (2 HR)	14 and older	\$24	6						6			Boat Harbor
Weather	1st Year			25				25				Con Yard
Wilderness Survival	3rd Year		20									Activity Yard
Woodcarving	1st Year	\$5		16				16				Handicraft
Woodwork	3rd Year	\$5								12		Handicraft

In the above schedule the number indicated below the time is the capacities of each class

Merit Badge and other Programs	Prereq.	Previous Work Requires and Materials needed
Leatherwork		Kit
Leatherwork/Woodcarving		Leatherwork & Woodcarving-Kit, Folding pocketknife or carving knife, Sheath knives not allowed, Totin' Chip
Lifesaving (2 HR)		Long sleeves, button up shirt, long pants, belt, socks and shoes. Present CPR to complete at camp.
Mammal Study	4	Paper and pencil, bring proof of requirement 4
Mile Swim **		Complete BSA Swimmer Test
Motorboating	2b	Complete BSA Swimmer Test (14 year minimum)
Music		Bring own musical instrument if available
Nature	4	Complete requirement 4 bring proof from Scoutmaster
NRA Light Rifle **		Money to purchase patches
Personal Fitness	1a, 1b, 7, 8, 9	Bring proof of 7 & 8
Photography		Film development handled by Troop
Pioneering (2 HR)		Know knots, bring knife and gloves
Reptile and Amphibian Study	8	Paper and pencil, bring proof of requirement 8
Rifle Shooting (2 HR)	1a-1i	Hunter Safety Card (if available) lots of practice, difficult, skill needed
Rowing (2 HR)		Physical exercise - upper body
Shotgun Shooting (2 HR)	1a-1i	Hunter Safety Card (if available), lots of practice, difficult, skill needed
Small Boat Sailing (2 HR)	2b	Water Shoes, Complete BSA Swimmer Test
Snorkeling (4 pm-Mon-Thur only) **		
Soil and Water Conservation	7	Paper and pencil, bring proof of requirement 7
Space Exploration		Rocket Kit (from Trading Post)
Sports	4	Proof of requirement 3
Survivor Man Series		
Swimming (2 HR)	2b	Complete BSA Swimmer Test, Long sleeves, button up shirt, long pants, belt, socks and shoes
Water Sports (1 HR) - know how to waterski	2b	Complete BSA Swimmer Test, Must already know how to water skiing before
Water Sports (2 HR)	2b	Complete BSA Swimmer Test, Must have attempted water skiing before
Weather	8	Paper and pencil, bring proof of requirement 8
Wilderness Survival		Bring Survival Kit to camp
Woodcarving		Kit, Folding pocketknife or carving knife. Sheath knives not allowed, Totin' Chip
Woodwork	2b, 7	

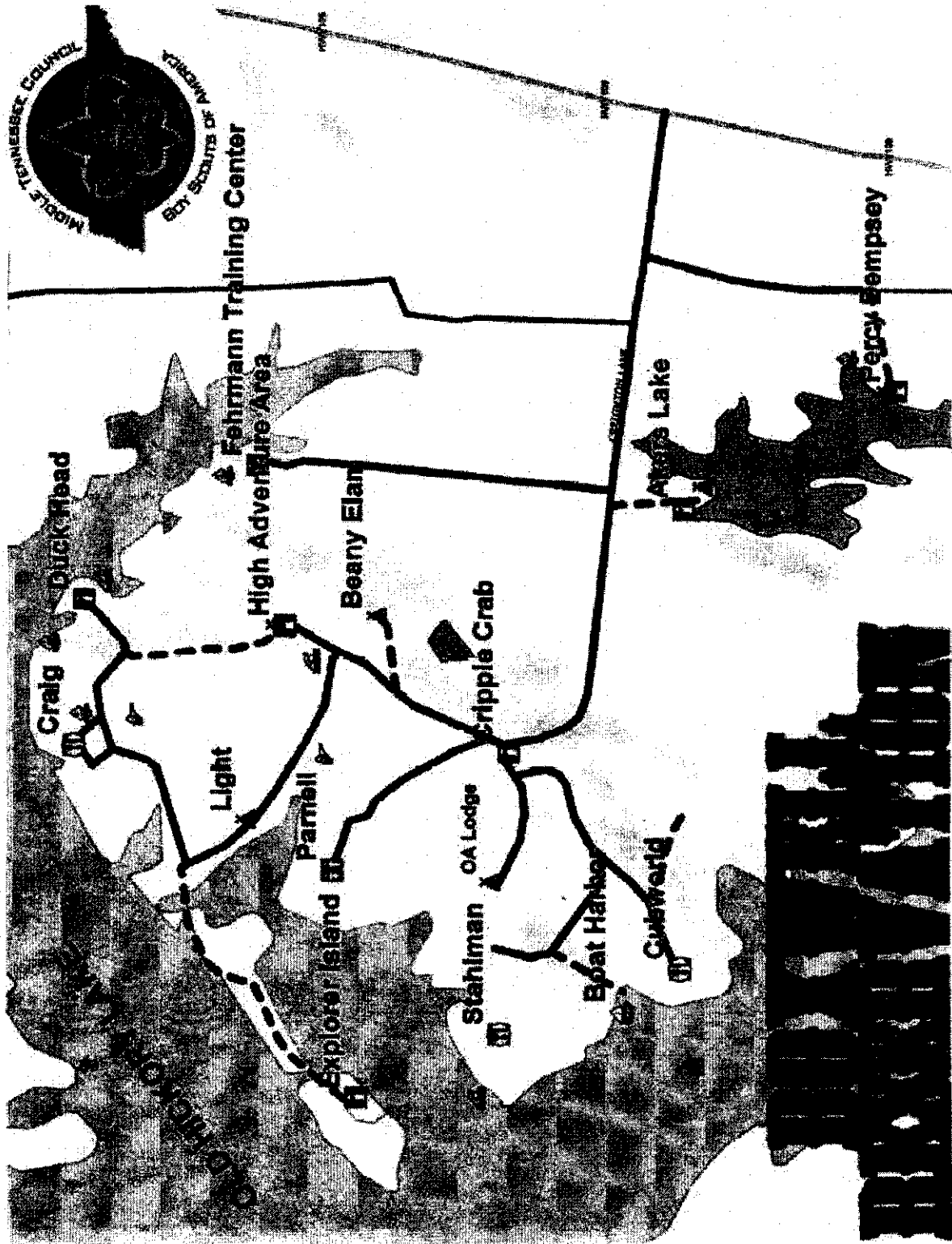
In the above schedule the number indicated below the time is the capacities of each class

Directions to Boxwell

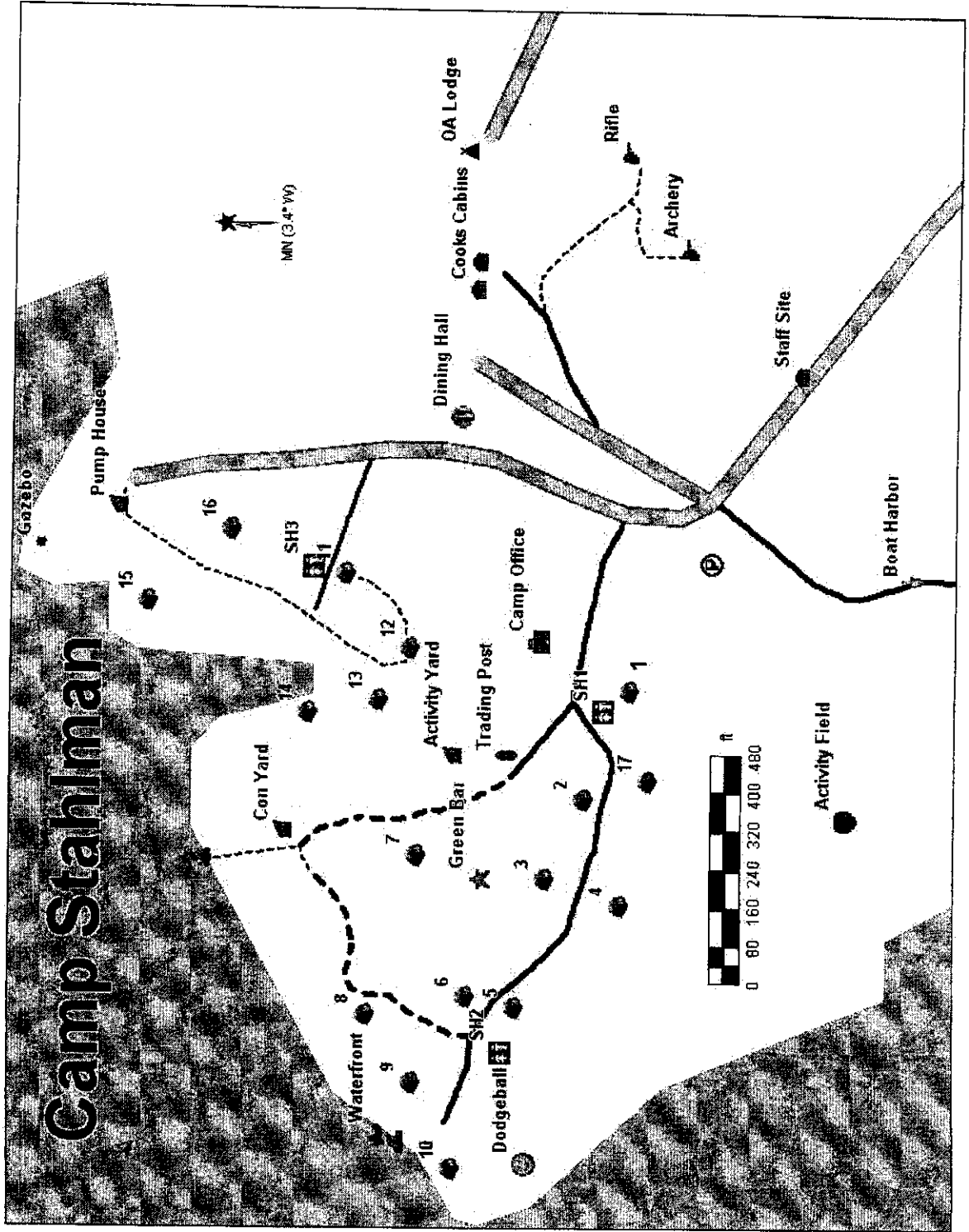


From I-40:	Exit at Hwy 109 (Exit 232B) and travel north 9.2 miles. Turn left at Boxwell Reservation Sign and the road runs into Boxwell Reservation.
From I-65N:	From North of Nashville – Take Vietnam Veterans Parkway, State Route 386 which turn into State Route 174 Long Hollow Pike, Turn Right onto Hwy 109 Bypass East, go 3 miles to Hwy 109 South towards Lebanon, go approximately 4 miles turning right at Boxwell Reservation sign.
	From South of Nashville (I-65 or I24) Exit SR-840. Take East towards Murfreesboro, Lebanon, Knoxville. Exit at Highway 109. Take North approximately 11 miles. Turn left at Boxwell Reservation.
From I-65S:	Exit Long Hollow Pike and turn left. Turn Right onto Conference Dr. Turn left on Vietnam Veterans Boulevard. Follow directions above.
	If coming from KY, Exit at TN-25 (Exit #112). Turn right and take towards Gallatin. Turn Right onto Hwy 109 S. Boxwell will be on the right.
From I-24:	From Clarksville – Take I-24 East to Nashville. Take I-65 North to Vietnam Veterans Blvd. Follow Directions above for I-65 N.
From 840	From Murfreesboro exit 72B, State Route 265, Central Pike, turns into State Route 109 N. Go 13 miles towards Gallatin, to Creighton Lane, turn, left at Boxwell Reservation sign on left.

Map of Boxwell Areas



Camp Stahlman



Boxwell Scout Reservation Daily Schedule

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
6:45 AM		REVEILLE	REVEILLE	REVEILLE	REVEILLE	REVEILLE	REVEILLE
7:00 AM		Group A - Breakfast	Group A - Breakfast	Group A - Breakfast	Group A - Breakfast	Group A - Breakfast	Breakfast
7:50 AM		Flag Raising	Flag Raising	Flag Raising	Flag Raising	Flag Raising	
8:00 AM		Group B - Breakfast	Group B - Breakfast	Group B - Breakfast	Group B - Breakfast	Group B - Breakfast	
9:00 AM		Class by Schedule	Class by Schedule	Class by Schedule	Class by Schedule	Class by Schedule	Break Camp and Depart
10:00 AM		Scoutmaster Roundtable	Scoutmaster Roundtable	Scoutmaster Roundtable	Adult Leader Training	Scoutmaster Roundtable	CAMP CLOSED
11:00 AM		Class by Schedule	Class by Schedule	Class by Schedule	Class by Schedule	Class by Schedule	
12:05 PM	Staff Returns	Group A - Lunch	Group A - Lunch	Group A - Lunch	Group A - Lunch	Group A - Lunch	
1:05 PM	Camp	Group B - Lunch	Group B - Lunch	Group B - Lunch	Group B - Lunch	Group B - Lunch	
2:00 PM	Check-In	Class by Schedule	Class by Schedule	Class by Schedule	Class by Schedule	Class by Schedule	
3:00 PM	By	Open	Open	Triathlon	Open		
4:00 PM	Appointment	Open Opportunities	Open Opportunities	Open Opportunities	Open Opportunities		
5:15 PM	Prepare for Dinner	Prepare for Dinner	Prepare for Dinner	Prepare for Dinner	Prepare for Dinner	Prepare for Dinner	
5:30 PM	Group A Dinner	Scoutmaster's Steak Dinner	Scoutmaster's Steak Dinner	Group A Dinner Activity Yard MIB's Overnight	Group A Dinner Activity Yard MIB's Overnight	Group A Dinner	
6:15 PM	Flag Lowering	Flag Lowering	Campwide Cookout and Activities	Flag Lowering	Flag Lowering	Flag Lowering	
6:25 PM	Group B - Dinner	Group B - Dinner	5:15 - 7:00	Group B - Dinner	Group B - Dinner	Group B - Dinner	
6:30 PM							
7:00 PM		Adult Leader Training		OA Cracker Barrel			
7:30 PM	SPL Meeting SM Roundtable	Open Opportunities	Troop Activity - On Your Own	Religious Service @ Don Stanford Chapel - Bus leaves at 7:20 pm from Strahlman	Open Opportunities		
8:30 PM	Opening Campfire @ Respective Camps	Camp-wide Evening Program	Free Time, Relax and Unwind		Camp-wide Evening Program	Closing Campfire @ Respective Camps	
10:00 PM	Taps (Everyone Must be in campsite)	Taps (Everyone Must be in campsite)	Taps (Everyone Must be in campsite)	Taps (Everyone Must be in campsite)	Taps (Everyone Must be in campsite)	Taps (Everyone Must be in campsite)	Taps (Everyone Must be in campsite)

Friday Scoutmaster Roundtable to Review Checkout Procedure.