

Northeast Georgia Council Boy Scouts of America

Spring Family Camping Weekend



Bring the whole family!
 May 3 - 5, 2019
 Camp Rainey Mountain



1494 Rainey Mountain | Clayton, GA 30525

The whole family is invited to enjoy an adventurous program with FUN and STEM activities while enjoying the Scout Camp Experience at Camp Rainey Mountain. Have a blast for three days and two nights!

REGISTRATION INFORMATION	Activities will include	Things to expect/bring
<p>Early Bird: \$25 per Family (Feb 8 - Mar 29) Regular Fee: \$35 per Family (Mar 30 - May 1) Onsite Fee: \$40 per Family (May 3)</p> <p>REGISTER TODAY</p> <p>https://www.nega-bsa.org/family-camp</p> <p>Or Mail below form to:</p> <p>NEGA / Spring Family Camping P.O. Box 399 Jefferson, GA 30549</p>	<ul style="list-style-type: none"> • S.T.E.M. Activities • BB Guns • Archery • Hike to Big Rock/ Waterfalls • Fishing • Saturday Night Campfire • Skits, songs and much more!! 	<p>Check-In/Parking Start: 5:30 pm on Friday</p> <p>Rain! A Scout is always prepared. Weekend event is rain or shine!</p> <p>Each family/pack will provide their own food during the weekend.</p> <p>Tent, sleeping bag, and cooking gear.</p> <p>Leaders' Meeting: Friday night (more information will be given at time of Check-In)</p> <p>Check-Out Ends: 10:30 am on Sunday</p>

For more information, please contact **David Norman**, Event Chairperson/678.267.0696/deekayen@deekayen.net or **Nathan Wheeler**, Staff Advisor/706.982.4282/Nathan.wheeler@scouting.org

Registration Form: Spring Family Camping Weekend | May 3 - 5, 2019 | Camp Rainey Mountain | Staff Advisor - Nathan Wheeler

Circle one Pack Troop Unit # _____

of Scouts attending: _____ # of Non-Scouts attending: _____ # of Adults attending: _____

extra patches (\$3.00 each) _____

Scout's Name: _____ Parent's Name: _____

Address: _____ City: _____ State: _____ Zip code: _____

Daytime Phone: _____ Email: _____

Payment type (Please Circle:) Check: # _____ Mastercard Visa Discover American Express

Card # _____ CVV# _____ Expiration _____ Billing Zip _____

Name on Card _____ Signature _____ Total paid _____

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