



Camp Wiley 2016

"The Quest for King Wiley"

2016 Camp Wiley Sessions:
Session #1 June 25-28
Session #2 July 7-10
Session #3 July 30 - August 2

Hear Ye, Hear Ye, Hear Ye!

Hearty Cub Scouts! Your quest on behalf of the great King Wiley is to learn and put into practice the skills required of all brave knights. You, and your brother brave knights will seek out adventure in the Forests of the San Jacinto Mountains and have fun!

You have the distinct honor to learn the martial skills of BB Riflery and Archery winning great recognition for you and your Pack. You will also learn many of the other knightly skills such as knots, crafts, and how to find your way.

If you choose to accept this quest for fun and adventure; for learning how to slay mighty dragons by learning how to shoot like Robin Hood himself; then join us brave Knights of Cub Scouting.

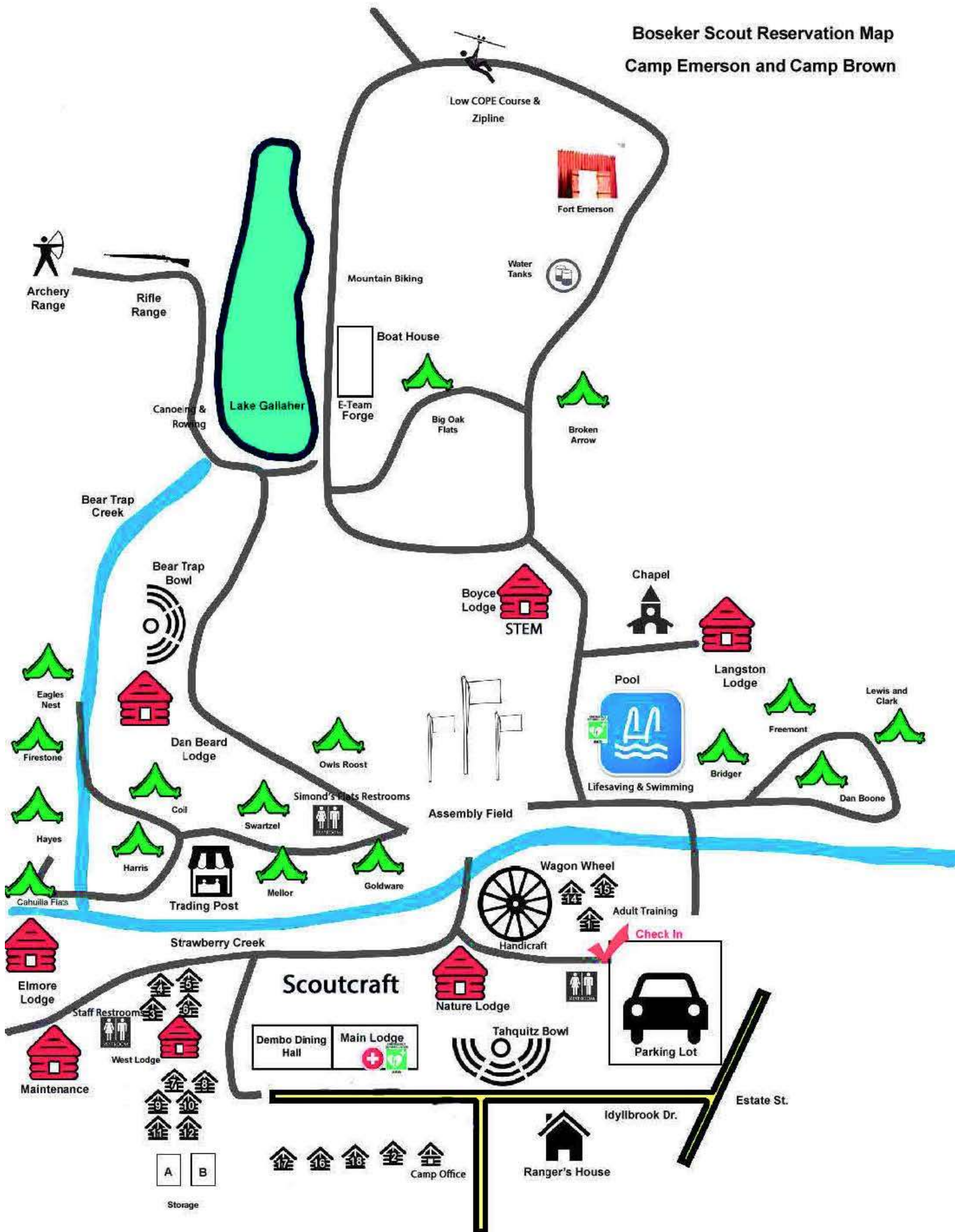
With the help of your adult partner, design a personal shield to keep you safe on your quest while at camp.



Pack leaders please join us on April 2, 2016 at 12:30 PM at Camp Wiley - 53155 Idyllbrook Dr, Idyllwild, CA, 92549 for a Wiley Leader's Meeting where lunch will be served and we'll answer your questions.

Boseker Scout Reservation Map

Camp Emerson and Camp Brown





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To make your pack's reservations, mail the application below with your \$50 per Scout non-refundable deposit. Please submit one registration form per Pack and one unit check per form. Please review and sign the Council's refund policy on reverse side of this page.

Camp Wiley 2016
PO Box 8910
Redlands, CA 92375-2110

Date Received _____
Receipt # _____
Acct: 710

2016 Camp Fees

Youth - \$195 (\$215 after April 15, 2016)

Adults - \$125 (\$145 after April 15, 2016)

Please check which session you would like to attend:

☐ Session #1
June 25th-28th

☐ Session #2
July 7th-10th

☐ Session #3
July 30th- August 2nd

CAMPSITE: 1st Choice _____ 2nd Choice _____

Number of Scouts attending:

Tigers _____ Wolf _____ Bear _____ Webelos _____ = _____ @ \$ _____ = \$ _____
(Total Youth) (Youth Total Due)

Adults _____ @ \$ _____ = \$ _____
(Adult Total Due)

Council Name: _____ District: _____ Pack #: _____

Contact Name: _____ Phone Number: _____

Email Address: _____

Refund/Activity Fee Transfer Policy

Because most of the fees that are paid for camps and events are actually spent or committed prior to the actual camp or event, refunds or activity fee transfers for Council and district camps and activities will be made only under the following conditions:

Request for cancellation or activity fee transfer of a reservation must meet one of the following criteria:

- A: For the use of Council camps, summer camp, or any overnight camping event, a written request must be received by Volunteer Services at the Council Service Center at least thirty (30) calendar days before the event.
- B: For all non-overnight events, a written request must be received by Volunteer Services at the Council Service Center at least fourteen (14) calendar days before the event.
- C: Activity Fee Transfer requests must be for activities within the same calendar year, and can only be transferred once.

All requests for refunds must be made **in writing and submitted by the person who paid for the original reservation**. All refund requests received by the deadline will be processed by the Volunteer Services department, and will require approval by a member of the Council Management Staff. Volunteer Services will request this approval.

In regards to **Camp Emerson and Camp Wiley**, refund requests received by the above deadlines, will be processed by Volunteer Services at the end of each session of camp.

Cancellation requests received by the required deadline, as stated above, will result in a full refund minus a non-refundable, non-transferable fee. Refunds will be paid by Council check and mailed to the person who submitted the original reservation.

The only exception to this policy is in the case of an emergency, injury, or illness. The exception request must be in writing and verified by a parent and/or guardian and a physician. The maximum available refund under this provision will be 50% of the total fee paid by the individual.

The implementation of the policy was November 30, 2015.

This policy supersedes any and all previously adopted or implied Refund Policies.

I have read and understand the Council Refund Policy and on behalf of our unit agree to abide by its provisions.

Name Printed _____ Date _____

Signature _____