

Pio Pico Fall 2019 Camporee Forms

Units are required to have ALL forms printed for their unit before they arrive at camp.

Parking Permits are required for all vehicles.

Parking Permits are required to be completed and on your dashboard as you enter the parking lot.

Cooking Competition Scoresheet

THIS SHEET IS REQUIRED TO BE SUBMITTED WITH YOUR ENTRY



Mary's Tailgate Cook Off

Leader's Name _____

DISH NAME: _____

Guidelines for the Tailgate Cook Off:

1. Entries will be accepted between 4:30 pm and 5:00 pm on Saturday
2. Off-ground containment for Foil Packet cooking – no ground fires permitted!
3. Judge's Form (below) completed with - NAME OF DISH (If your dish is named to go with the Camp-O-Ree theme please put the correct name in parenthesis after the theme name)
4. One category: Mary's Tailgate Cook Off
5. Ingredients may not be precooked or prepared for cooking prior to the beginning of the cook-off. All preparation must take place at the campsite on Saturday and cooking done only in Foil Packets
6. Submit complete recipe and instructions with your entry. Include spices and flavorings used.
7. All entries must be brought to the judging table in the container and must include all of the ingredients. No assembly allowed at the judging area.
8. An ID# will be assigned when you turn in your exhibit.

0 to 5-point scale

- _____ Presentation (5 = Looks very good and to theme, 0=Looks like a Picasso painting)
- _____ Aroma (5=Smells very good, 0=Smells like sweat socks)
- _____ Properly Cooked (5=All ingredients cooked\incorporated thoroughly, 0=Sushi is cooked more)
- _____ Flavor (5=Tastes very good, 0=Tastes like shoe leather)
- _____ Recipe (5=Ingredients and cooking instructions, 0=My dog ate it)
- _____ (25) Total points possible

Judges' Comments:



Youth Cooking Competition

Cooking Competition Scoresheet

THIS SHEET IS REQUIRED TO BE SUBMITTED WITH YOUR ENTRY

Unit Type (Circle One) **Troop / Pack / Crew** **Unit Number:** _____

DISH NAME: _____

Guidelines for the Chopped Cooking:

1. Units will send 2 reps with propane stove, propane, pan and utensils to check-in at 3PM to
2. Entries will be accepted between 4:30 pm and 5:00 pm on Saturday
3. Judge's Form (below) completed with - NAME OF DISH (If your dish is named to go with the Camp-O-Ree theme please put the correct name in parenthesis after the theme name)
4. Scouts will be provided with a Protein, Starch, and Veggie.
5. Ingredients may not be precooked or prepared for cooking prior to the beginning of the cook-off.
6. All preparation must take place in the Chopped Cooking Kitchen on Saturday.
7. All entries must be brought to the judging table. No assembly allowed at the judging area.
8. An ID# will be assigned when you turn in your exhibit.

Dish Name: _____

Entry #: _____

0 to 5 point scale

_____ Presentation (5 = Looks very good and to theme, 0=Looks like a Picasso painting)

_____ Aroma (5=Smells very good, 0=Smells like sweat socks)

_____ Properly Cooked (5=All ingredients cooked\incorporated thoroughly, 0=Sushi is cooked more)

_____ Flavor (5=Tastes very good, 0=Tastes like shoe leather)

_____ Recipe (5=Ingredients and cooking instructions, 0=My dog ate it)

_____ **(25) Total points possible**

Judges' Comments: _____

Pio Pico District Patch Design Contest – Spring 2020 Camp-O-Ree Patch

Theme: **Where No Scout Has Gone Before**

This is an Individual Activity

Sponsored by: Lou Smith, Camporee Patch Chairman

Competition Rules:

1. Competition is open to currently registered youth members of the Pio Pico District, Greater Los Angeles Area Council, BSA only.
2. Submitted design is to be the original artwork work of the youth member only.
3. Design is to be submitted on one 8 ½ inch by 11 inch sheet of paper.
4. Only one design per sheet of paper is permitted.
5. More than one design may be submitted.
6. Note the expected finished size of the patch either near the design or on the back of the paper. For example, "Patch is to be 3 inches square."
7. **ON THE BACK** of the paper **PRINT** designer's name, unit type, unit number and phone number. For example, "Sam Smith, Troop 1000, (562) 555-4567"
8. Submit your design to the Patch Design Chairman for the Spring 2020 Camp-O-Ree or to your unit leader who is to forward the design to the Camp-O-Ree Chairman or Patch Design Chairman no later than the February 19th at Roundtable.
9. Designs **will not** be returned.

Design Tips:

This will be an official patch of the Pio Pico District so remember the Scout Oath and Law when doing your design. Copyrighted material (corporate logo, cartoon character) can't be used, **unless**, along with your design, you submit written permission from the holder of the copyright to use their design.

Be sure to include these in your design:

PIO PICO DISTRICT – our District name

Spring 2020

The Scout symbol, a fleur-de-lis

GLAAC or **GREATER LOS ANGELES AREA COUNCIL** – Pio Pico is part of GLAAC

Where No Scout Has Gone Before – the theme of the Spring 2020 Camp-O-Ree

You can add a button loop so the patch can be worn without sewing it on the uniform. Your artwork should be larger than the finished size of the patch. To see what your drawing will look like you can shrink it down using a photocopy machine, a pantograph or redraw it using the "squares" method. Do your design in dark pencil or black ink on white paper. When you finish make several photocopies. Take one copy and add color (pencil, crayon, watercolor, etc.) You can then use another photocopy to try different color combinations without having to redraw your design each time.

Selection and Display: Selection of the winning design(s) will be made by the direction of the Camp-O-Ree Chairman at a meeting of the Camp-O-Ree Committee. Decision considerations will be: appropriateness to the theme, originality, use of color, manufacturing costs and other factors. The Camp-O-Ree Committee reserves the right to make modifications to the winning design.

Entries may be prepared in advance of the Camp-O-Ree. Bring them with you and turn them in at the Patch Design location. You have until the February 19th, 2020 Roundtable to enter the contest.

Pio Pico Camp-O-Ree Registration Form
Please register each unit on a separate form.

Unit type (circle one) Pack / Troop / Crew Unit Number _____

Unit leader _____ Phone No. _____

E-Mail _____

Patrol Name	No. Of Youth	Patrol Name	No. Of Youth

There will be NO UNIT ONSITE registration. Registration must be accomplished on or before the registration deadline stated above. If you are unable to accomplish this, the unit MUST contact the Camp-O-Ree chair or designated representative on or before the deadline date (no additions after registration submittal, only substitutions)

Everyone attending is expected to register and pay the proper fees.

Campers				
No. of Youth:	Male		Female	
No. of Adults:	Male		Female	
Total Campers			X \$.00

No. of Tents _____ Registered Service Animal Yes No Responsible person _____
 (Comfort animals are not allowed)

Total Fees \$ _____ Please make checks payable to: **GLAAC BSA**

All prices include Camp fees, Activities, and a Patch. If attendance is greater than expected and we run out of camp patches, a refund of \$1.00 will be refunded to those that did not receive a patch only if we do not reorder.

SPECIAL NOTES

CAMP-O-REE IS FOR WEBELOS, SCOUTS, VENTURERS AND ADULT LEADERS ONLY - **DO NOT BRING OTHER FAMILY MEMBERS**
 Scouts and Crews require two deep leadership. Webelos require one on one leadership. Tour Plans are NOT required for this Camp-O-Ree.

Please list your volunteer for judging.

	Scouter	Phone	Email
Gateway			
Campsite			
Cooking			

If you have questions, please contact Sally Grimaldi, Camp-O-Ree Committee Chair at piopicocamporee@yahoo.com
 For office use only: Payment: Cash _____ Check # _____ Amount _____ Total _____

Pio Pico District (PPD), Greater Los Angeles Area Council (GLAAC) Boy Scouts of America (BSA) Camp-O-See Permission Form

This form is to be completed for each youth member attending the PPD Camp-O-See. A **copy** of this form to be made available to Camp-O-See Staff on request. **Check boxes you wish to approve and sign.**

CAMPOREE DATES: From _____ to _____

Youth Name (Print) _____ Date of Birth _____

Address _____ Home Phone: _____

City: _____ Unit #: _____ Unit Type (mark one) * Pack * Troop * Crew

Permission to Attend Camp-O-See and Talent Release

* **Camp-O-See Attendance** (*Note: Youth cannot attend the Camp-O-See if this is not approved.*)

* **Talent Release**

The above is authorized to attend the PPD, GLAAC, BSA Camp-O-See. I approve of the unit leaders who will be at FSR in charge of the care and supervision of my child. I also certify that to the best of my knowledge the above is physically fit to engage in this activity above. Authorization is hereby given that any pictures taken of the above may be released and used for official use by the Camp-O-See committee.

Shooting Sports Activity Participation

* **Archery, Slingshot, Tomahawk Throwing and related activities**

* **Firearms, BB gun, and related activities**

(Note: Youth may attend the Camp-O-See if this section is not approved; however, this section must be approved for participation in shooting sports activities.) Pursuant to California Penal Code, Section 12552, the undersigned does/do hereby authorize that the Range Master of the PPD, GLAAC, BSA Camp-O-See may furnish a firearm or bow to the above minor for the purpose of instruction in the safe handling and discharge of Firearms and related activities. This authorization shall remain in effect while the above minor is in route to or from, or involved in, or participating in any Boy Scout program or activity of the PPD, GLAAC, BSA unless revoked in writing by the undersigned, and delivered to the PPD, GLAAC, BSA Camp-O-See Staff. I waive all claims I may have against the PPD, GLAAC, BSA activity coordinators, all employees, volunteers or sponsors associated with the approved activities.

Medical Treatment

* **Authorization and Consent to Treat a Minor** (*Note: Participant may attend the Camp-O-See if this section is not approved; however, in case of an emergency, the youth will be transported to an emergency medical facility and the parent/guardian notified; parent/guardian will then deal directly with the medical facility. Treatment will be limited until parent/guardian authorization received*) Pursuant to California Civil Code, Section 25.8 the undersigned does/do hereby authorize the adult leaders of my child's Scouting unit, medical personnel or staff PPD, GLAAC, BSA Camp-O-See, or such substitute as they may delegate as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout Camp; or elsewhere. This authorization will remain effective while the above minor is in route to or from or participating in any Boy Scout program or activity of the PPD, GLAAC, BSA, unless revoked in writing by the undersigned, and delivered to the aforesaid agent.

In case of emergency please notify:

Name (Print) _____ Home Phone: _____

Address _____ Work Phone: _____

City: _____ Mobile Phone: _____

Medical Insurance Information:

Company/Provider: _____ Policy/Group #: _____

Signatures of Parent or Legal Guardian

Primary Signatory Signed: _____ (Mark one) *Parent *Legal Guardian

Date: _____ Phone #: _____

Secondary Signatory (if required) Signed: _____ (Mark one) *Parent *Legal Guardian

Date: _____ Phone #: _____



Unit Roster

Provide a copy at time of check-in

Pack / Troop / Crew _____ Unit # _____

SCOUTS NAMES

SCOUTS NAMES

1		31	
2		32	
3		33	
4		34	
5		35	
6		36	
7		37	
8		38	
9		39	
10		40	
11		41	
12		42	
13		43	
14		44	
15		45	
16		46	
17		47	
18		48	
19		49	
20		50	
21		51	
22		52	
23		53	
24		54	
25		55	
26		56	
27		57	
28		58	
29		59	
30		60	

ADULTS NAMES

ADULTS NAMES

1		8	
2		9	
3		10	
4		11	
5		12	
6		13	
7		14	

I _____, the unit leader have in my possession all the required documents: Firearms Release, Pio Pico Camp-O-ree Permission Slip, unit permission slip, and BSA Medical Form Parts A & B. List below any exceptions where parent or adults have refused any of the above items.

Signed: _____ Unit Leader / Date: _____

Please print name: _____

Menu

PIO PICO CAMP-O-REE

Patrol _____ Pack / Troop / Crew # _____

Friday Dinner	
Saturday Breakfast	
Lunch	
Saturday Dinner	
Sunday Breakfast	

**This permit must be on your dash and readable by Camp Staff.
PLEASE OBSERVE 15 MPH IN CAMP**

- Drive Safely on ALL camp roads and observe speed limit.
- No trailers/RVs in the camping area.
- Park your vehicle “**HEAD OUT**” in case of emergency evacuation.
- **DO NOT PARK OR LEAVE YOUR VEHICLE IN CAMP SITE (Firestone ONLY).**
- Vehicles may enter camp **ONLY** to load or unload gear. **(Firestone ONLY)**
- If you park blocking another car and the ranger or Campmaster cannot find you, it may be necessary to tow your vehicle.
- No “In and Out Parking”.
- The BSA is NOT RESPONSIBLE for items lost or stolen from vehicles.
- **ALL DRIVERS MUST KEEP KEYS ON THEIR PERSON AT ALL TIMES**

Fold here and place on dashboard with Parking Permit side up

PARKING PERMIT

PIO PICO CAMP-O-REE

DATE: _____

Campground: _____ Time into Campground: _____

Your Name: _____

Cell phone number: _____

VEHICLES WITHOUT A PERMIT MAY BE TOWED

PACK / TROOP / CREW UNIT #: _____ Auto License Number: _____

Disabled or Medical Parking: _____ (Must be initialed by Camp Staff)

Camp Duty Roster

(May be done by Patrol)

PIO PICO CAMP-O-REE

Patrol _____ Pack / Troop / Crew # _____

	Head Cook	Assistant Cook	Fire Man	Water Man	Kitchen Clean-Up	Asst Kit Clean-Up
Friday Dinner						
Saturday Breakfast						
Lunch						
Saturday Dinner						
Sunday Breakfast						

FIRE GUARD CHART

PIO PICO DISTRICT CAMP-O-REE -- UNIT # _____

IN CASE OF FIRE – THE FIRE WARDEN OF THE DAY MUST KNOW:

IN UNIT CAMPSITE

1. SOUND ALARM by yelling FIRE and notify camp headquarters fire warden.
2. START FIGHTING THE FIRE by using available unit equipment.
3. DROP TENTS if necessary.
4. When the central alarm is sounded to warn camp, quickly mobilize in your unit. Move to your pre-assigned point immediately and await directions.
5. A runner report to camp headquarters for instructions from the camp fire warden.

OUTSIDE UNIT CAMPSITE

1. If you discover a fire anywhere in camp, report immediately to camp headquarters so the alarm may be sounded and fire authorities notified.
2. Camp fire warden sounds central alarm and your troop follows steps 4 and 5 above.
3. Members of the central camp staff will man the camp fire-fighting equipment assigned to them, under the direction of the camp fire warden. You will assist as directed by camp fire warden.

In case of fire in our campsite we will notify the camp fire warden (HQ) and follow the instructions of your unit fire warden.

If it is necessary to leave camp, please check out with HQ before leaving so everyone may be accounted for.

INSTRUCTIONS FOR FORM BELOW:

For campsite inspection, fill out the date, patrol assigned for Fire Guard duty and the Patrol's Fire Warden for all 3 days. The Fire Warden for that day, signs the assignment box in the morning for that day. In other words, only Friday and Saturday should be signed by the Fire Warden for Saturday's campsite inspection.

UNIT CAMPSITE FIRE GUARD ASSIGNMENTS

FRIDAY (DATE)	SATURDAY (DATE)	SUNDAY (DATE)
PATROL	PATROL	PATROL
PATROL FIRE WARDEN	PATROL FIRE WARDEN	PATROL FIRE WARDEN
SIGNATURE DATE	SIGNATURE DATE	SIGNATURE DATE
FIRE GUARD MUST BE SIGNED OFF EACH MORNING BY THE PATROL FIRE WARDEN	FIRE GUARD MUST BE SIGNED OFF EACH MORNING BY THE PATROL FIRE WARDEN	FIRE GUARD MUST BE SIGNED OFF EACH MORNING BY THE PATROL FIRE WARDEN