



OUTDOOR LEADER SKILLS FOR WEBELOS LEADERS (OWL)

NOVEMBER 15, 2014 AT WESTMINSTER PARK, ROCK HILL

What is it?

Outdoor Leader Skills for Webelos Leaders (OWL) provides an instruction to enhance the outdoor program for the Webelos Scouts in their den. Completion of this training is highly recommended before a Webelos den can go on a campout. Participants will spend the day learning some basic outdoor skills as well as skills needed to complete many of the Webelos activity badges. Topics will include:

- Woods Tools
- Webelos Scout Outdoor Program
- Planning Webelos Den Overnight Campouts
- Campsite Selection, Tents, and Bedding
- Health, Safety, and Outdoor Manners
- Fire Site Preparation and Building
- Cooking and Sanitation
- Flag Ceremonies
- Webelos Den Campfire Planning
- Ropes and Knots
- Hiking Techniques
- Activity Badges: Naturalist, Geologist, Forester, Outdoorsman, and Readyman
- Webelos-to-Scout Transition Plan



When and where?

The event will be held Saturday, November 15 while Webelos Woods weekend is being conducted at Westminster Park, off India Hook Road in Rock Hill, SC. Check-in will begin no earlier than 8:00 a.m. The program will begin at 9:00 a.m. and continue until approximately 5:00 p.m.

Cost?

\$ 10.00 per Adult Leader not attending Webelos Woods

\$ 3.00 per Adult Leader attending Webelos Woods

Lunch will be provided

Registration dates?

The registration form is following this page. Registration will be open November 3rd and close November 12th or when the program is full. If the program is full before you register, you will be placed on a waiting list.

If you have additional questions please contact Tim Jones at tdjonesaicp@gmail.com or 704-258-7079.



OUTDOOR LEADER SKILLS FOR WEBELOS LEADERS (OWL)

NOVEMBER 15, 2014 AT WESTMINSTER PARK, ROCK HILL

Registration

RETURN this registration form with payment no later than **November 12th** to:
Palmetto Council, 420 South Church Street, Spartanburg, SC 29306

Pack Number: _____ District: _____

Adult Leader First Name: _____ Middle Initial: _____ Last: _____

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

Home Phone: _____ Cell Phone: _____ Email: _____

List any Special Considerations (i.e. food allergies, etc.):

Signature: _____ Date: _____

If paying by Visa or MasterCard, you may email this form to mhawkins@bsamail.org or fax it to 864-585-7751.

Cash or Check	Check #	Amount \$
---------------	---------	-----------

Visa or Master Card													
---------------------	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date	/	Signature
-----------------	---	-----------