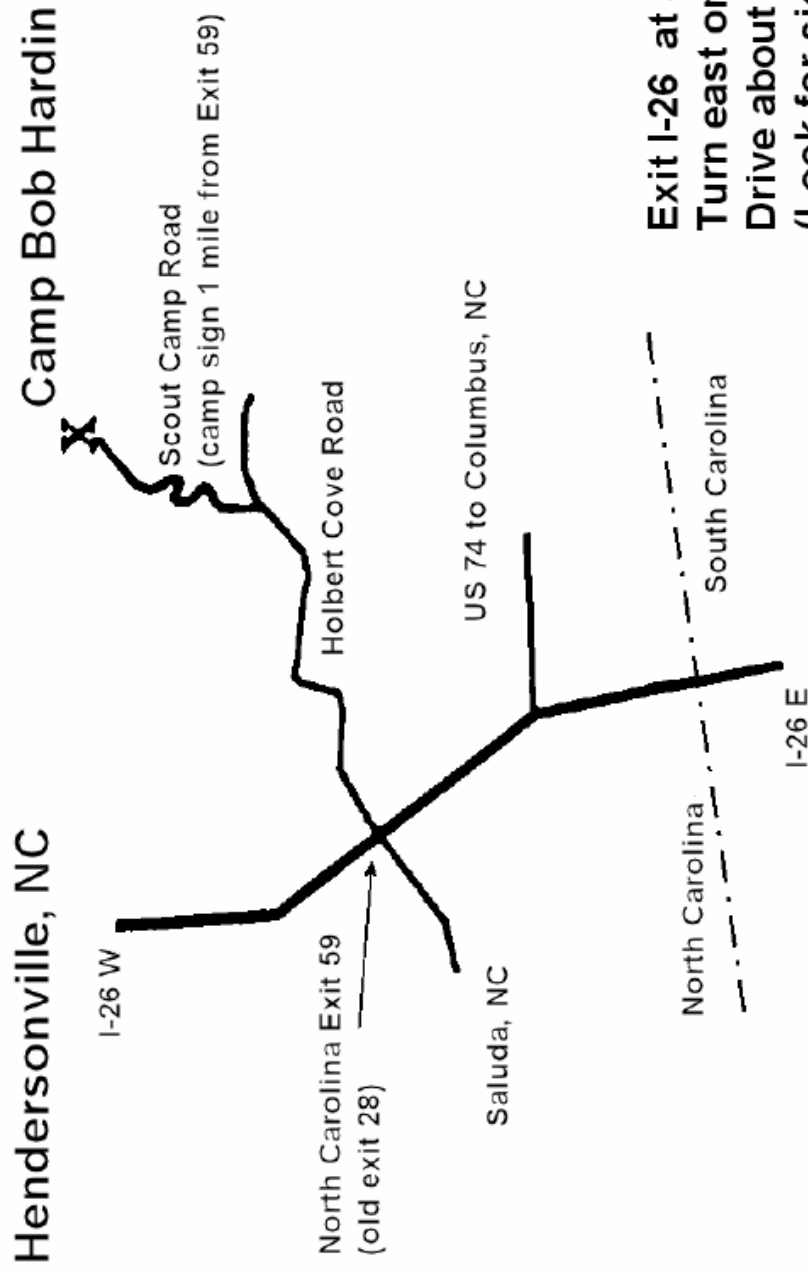


**Palmetto Council, BSA
Webelos Resident Camp
“Crime Scene Investigators”**



2010 Leader's Guide
Camp Bob Hardin
at
Saluda, North Carolina

Camp Bob Hardin Palmetto's Pride



Exit I-26 at Saluda, NC. (Exit 59)
Turn east on Holbert Cove Road.
Drive about 1 mile to Scout Camp Road.
(Look for sign on the left.)
Follow Scout Camp Road to the camp.

Spartanburg, SC



2010 Webelos Resident Camp "Crime Scene Investigators"

Dear Cubmaster,

The Palmetto Council is excited about our 2010 Webelos Resident Camp program at Camp Bob Hardin. Webelos Resident Camp is an outstanding time for parents and sons to experience camp life while earning various activity pins they may have trouble earning at home. During their stay at Camp, Webelos and parents will be sleeping in tents or Adirondacks. Camp is equipped with shower and bathroom facilities within walking distance of each campsite and no campsite is equipped with electricity.

Our theme this year is "Crime Scene Investigators". The fees of \$70 per Webelo and \$30 per adult covers tasty meals prepared in our dining hall and all activities. Den Chiefs are encouraged to attend with their Den for \$30, but cannot be considered adult leadership for a Webelo.

Packs are encouraged to "Be Prepared" to perform skits and songs during meals and at the closing campfire. Also, a few Packs will have the opportunity to perform flag ceremonies.

Please make preparations to attend Webelos Resident Camp and have a great time. If you have any questions or special needs, please feel free to contact our Council Office staff. Remember to bring your magnifying glasses and fingerprint kits!

Sincerely,

Royce Copeland

Royce Copeland



Calendar:

January

1. Recruit pack camping coordinator.
2. Pack reviews plans for Camp.
3. Notify parents of plans for Webelos Resident Camp.

February 28: Pack reservations should be made as campsites are assigned on a "first come, first served" basis.

May 1: Registration forms and fees due in full to the Council.

June 6-9: Session 1

June 9-12: Session 2



2010 Summer Camp Check List

Uniform pants or shorts with belt.

Uniform shirt

Scout socks

T-shirts (Scout acceptable logo's or wording only) for 3 days.

Pants or shorts for 3 days

Underwear and socks

Comfortable shoes (croc's or sandals only in showers)

Swimming trunks

Sleepwear

Towel (1 or 2)

Soap, shampoo, deodorant, toothbrush, toothpaste (pump bottles only)

Bug Spray (pump bottles only)

Poncho

Webelo book, pen, and paper

Sleeping bag

Sheet

Pillow

Mosquito net (optional)

Battery operated fan

Batteries

Sunglasses (optional)

Sun block

Water bottle

Day backpack (optional)

Medical form

Medications

Watch

Cheap folding chair (optional)

Clothes hangers

Camera (optional)

Flashlight with extra batteries

Extra money for trading post (recommend \$30-\$60)

Stamps and postcards if you would like to send one from camp.

Pocket knife (with whittler's clip)

DO NOT BRING

Matches or lighters

Large knives, axes or saws

Aerosol sprays

Alcohol

Fireworks

Anything illegal

Anything you do not need for Camp

Firearms

Bows and Arrows

Play guns/knives



2010 Webelos Resident Camp Information

Registration

Each pack is required to submit a Webelos Resident Camp Registration form (available in this guide). It is very important that you register early in order to get your reservation confirmed. Payments are not refundable but are transferable between Webelos Scouts of the same pack.

Campsite Capacities

Each Adirondack (building) must have a minimum of 5 and a maximum of 8 persons. The minimum for two Adirondacks is 12, three is 20, and four is 28 persons. Tent sites are very flexible.

Arrival at Camp

One leader from each pack will check in at the Camp Office next to Lake Hearon. Please have a roster of Webelos Scouts and sponsors, medical forms, and any remaining payments due. The Ranger will take your equipment to your campsite. A Staff Guide will go with you to your medical check-in, to inspect your campsite, and to the swim test.

Immunizations/Physicals

The state of North Carolina requires that all campers have adequate immunizations. Those listed on the medical form must be obtained prior to attending camp. A medical form has been provided in this guide and should be used by both youth and adults.

Fishing and Lake Usage

Webelos Scouts are not allowed to enter the water of either lake except during scheduled activities under appropriate supervision. Fishing is permitted only when using the buddy system. Under no circumstances are Webelos Scouts allowed to fish around the waterfront boat dock areas. Please practice Catch and Release. Try out our new fishing docks when catching the big one!

Bicycles

Due to the mountainous terrain and heavily graveled roads in Camp, bicycles are not allowed at Camp Bob Hardin.

Telephone

There is a telephone at the Camp Office for Webelos Scouts to use if needed. The camp requires that an adult leader accompany Webelos Scouts using this telephone.

The emergency number to camp is 828-749-5381.

Mail

US Mail is delivered daily. Mail for Webelos Scouts and leaders attending camp will be distributed each day. Please address mail to:

Name and Pack Number
Camp Bob Hardin
805 Scout Camp Road
Saluda, NC 28773

Drugs, Alcohol, and Tobacco

Illicit drugs and alcohol are expressly forbidden at Camp Bob Hardin. Their use will not be tolerated. Tobacco products are not to be used in the sight of Webelos Scouts, buildings, or at any camp activities. Any litter caused by tobacco products is the responsibility of the user.

Firearms and Bows

Unlike Boy Scout Camp, personal firearms and Archery equipment will not be permitted at Webelos Resident Camp.

Fireworks

Fireworks are illegal in North Carolina and will not be permitted at camp.

Property Damage

Packs will be held responsible for all damages to their campsite that were not identified on the initial site inspection.

Code of Conduct

Camp Bob Hardin uses the high ideals of the Scout Law as the code of conduct. Leaders and parents are responsible for their Webelos Scouts' behavior.

Leaving Camp

For your protection, all campers, whether they are youth or adults, must check out with the Camp Office when leaving Camp and check in when returning.



Vehicles

Vehicles are not allowed past the parking lot near the Lake Bob Justice dam. Only authorized service vehicles are allowed past the gates. The Camp Director will review special cases. The safety of the Webelos Scouts being the primary consideration, your full and unconditional cooperation is expected and appreciated.

Discipline

Under BSA Cub Scout camping policies, all youth members of a Pack must be accompanied by a parent or legal guardian on any overnight camping trip. Any exceptions must be pre-approved by camp management. In camp, the Cubmaster is responsible for all participants attending Resident Camp from his/her Pack. Effective discipline and organization of your Pack is the Cubmaster's responsibility. The camp staff is there to conduct the program and to assist you where and when they can on delivering a quality program.

Youth Protection

National policy of the Boy Scouts of America prevents youths from 6 to 17 years of age and adults 18 years and older from showering or sleeping together, except in parent/son relationships. Adult showers are on the left-hand side of the bathhouse located next to the Murphy Pavilion and down the hill from Cheyenne. A \$10 deposit is required for shower keys.

Checkout Procedure

Your campsite will be inspected prior to your checkout. Your Webelos Scouts should check that personal items are packed and please leave the campsite as clean as or cleaner than you found it.

Visitors

Visitors are to park in the front parking areas, check in at the office, and be prepared to walk. Those wishing to have a picnic can use the Murphy Pavilion located near the Activity Field. Vehicles are not permitted in camp.

Emergency Procedures

In the event of an emergency, the Camp Director should be notified immediately. If he is not available, the Camp Commissioner or Camp Ranger should be notified. If the emergency is of a medical nature, contact the medical officer without delay.

Daily Schedule

Time	Day 1	Day 2	Day 3	Day 4
6:30 AM		Reveille	Reveille	Reveille
7:00		Waiters Call	Waiters Call	Waiters Call
7:20		Assembly Flag	Assembly Flag	Assembly Flag
7:30		Breakfast	Breakfast	Breakfast
9:00-9:45		Instruction 1	Instruction 1	Checkout
10:00-10:45		Instruction 2	Instruction 2	
11:00-11:45		Instruction 3	Instruction 3	
12:00 PM		Waiters Call	Waiters Call	
12:20		Assembly	Assembly	
12:30		Lunch	Lunch	
1:00-1:45	Arrival	Rest Period	Rest Period	
2:00-2:45	And	Instruction 4	Instruction 4	
3:00-3:45	Check In	Instruction 5	Instruction 5	
4:00-4:45	Campsite Set Up	Free Time	Free Time	
5:30		Waiters Call	Waiters Call	
5:50	Assembly Flag	Assembly Flag	Assembly Flag	
6:00	Supper	Supper	Supper	
8:00	Opening Campfire	Pack Activity	Pack Activity	
10:00	Taps	Taps	Taps	



Activities Offered This Year

ARCHERY

ATHELETE

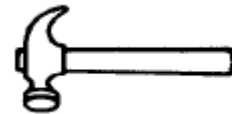


AQUANAUT



BB GUN

BOATING



CRAFTSMAN



FITNESS



FORESTER

GEOLOGIST



HIKING

NATURALIST



OUTDOORSMAN

READYMAN



Theme for 2010: "Crime Scene Investigators"



WEBELOS RESIDENT CAMP REGISTRATION

Webelos Scout Name: _____ Pack #: _____

Address: _____

City: _____

State: _____ Zip: _____ Telephone: _____

Parents Attending:

Name(s): _____

Address: _____

City: _____

State: _____ Zip: _____ Telephone: _____

Please note which year: Webelos One _____ Webelos Two _____

Please enroll me in the following activities: (Maximum of 5 hours of activities)

One Hour Activities

_____ Archery

_____ Athlete

_____ Aquanaut

_____ BB Gun

_____ Boating

_____ Fitness

_____ Hiking

_____ Naturalist

_____ Readyman

Two Hour Activities

_____ Craftsman

_____ Forester

_____ Geologist

_____ Outdoorsman

Please check to make sure you have no more than five (5) hours of activities.

Are there any special needs we should be aware of? _____

Fees for Webelos Resident Camp are \$70 for Webelos Scouts and \$30 for adults and are due no later than May 1. Make checks payable to Palmetto Council. Registration forms and checks should be given to your Cubmaster for transmittal to the Council as a group.



PACK REGISTRATION

Webelos Resident Camp will be held at Camp Bob Hardin in two four day sessions.

Fees for camp are \$70 for Webelos Scouts and \$30 for their adult partner. Webelos Scouts will need at least one partner to participate. If you have a Webelos Scout with a special need for funding assistance, contact the Council Office for instructions. Webelos will use the two deep leadership rule while in Camp.

Please complete and return the form below with all individual Webelos Resident Camp Registration forms to:
Palmetto Council, BSA 420 S. Church Street Spartanburg, SC 29306 **no later than May 1.**

It is your responsibility to ensure that forms are properly filled out and that moneys are sent to the Palmetto Council office on time.

Cubmaster's Name: _____

Pack #: _____ District: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Night Phone: _____

Email: _____

Fees enclosed (\$70 for each Webelos Scout + \$30 for each adult): _____

Choice of Dates: (Please mark first and second choice)

First Session (June 6-9) _____ Second Session (June 9-12) _____
(Check-in begins at 1:00 PM Check-out no later than 10:00 AM)

Campsite Preference: Tent _____ or Adirondack _____

Note: Each session is limited to 100 participants. Registrations and the "first come first served" basis will be used to accommodate the first 100 participants for each session. Fees are not refundable after May 1. Packs may substitute another participant.



WEBELOS RESIDENT CAMP CHECK-IN PROCEDURE

Check-in time is between 1:00 PM and 3:00PM of the day of your arrival. The first meal served at Camp will be the evening meal. Please do not arrive prior to 1:00 PM. The Camp Director will determine the sequence in which your Pack goes through check-in.

Upon Check-in

Please have the following material ready

- _____ Copies of all registration forms submitted.
- _____ Physicals for medical check-in

Medical check-in will take place after your Pack has checked into Camp with the Camp Director. Please have all the Pack's, Webelos Scouts', and parents' personal gear loaded onto the trailers so that the Ranger can deliver it to the campsite after your medical check-in. Swim tests will follow arrival at Camp.

Campsite

- _____ Check grounds for cleanliness, check for damage, note any problems
- _____ Beds made
- _____ All pack and personal gear stowed neatly
- _____ No open food

Retreat

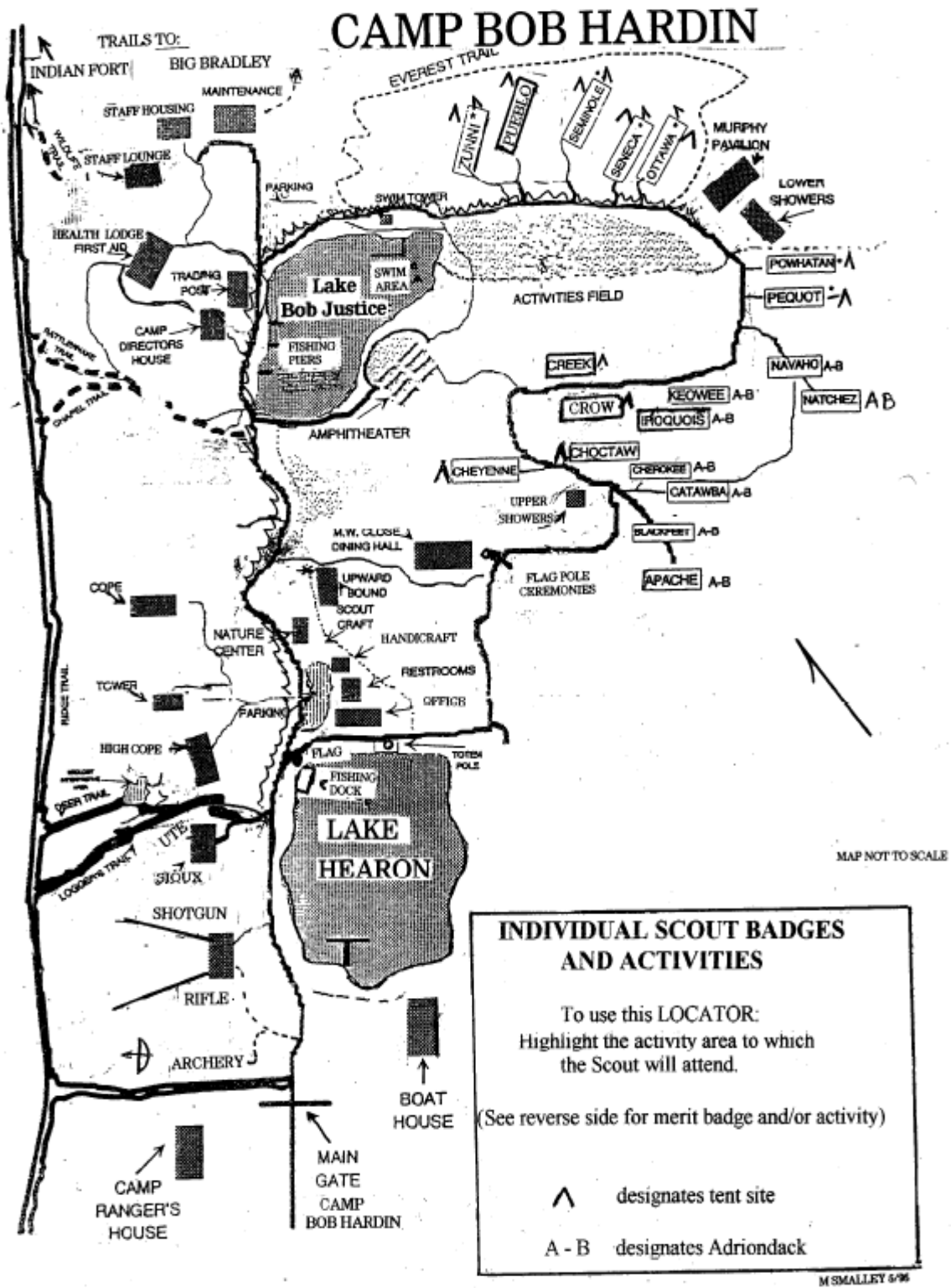
Each evening, before dinner, the entire camp will have an assembly at the flag pole outside of the dining hall. The first night, the Camp Staff will render evening colors. The following nights, Webelos Scouts from various Packs will render the colors.

Reveille

Reveille will sound at 6:30 AM each morning, and the morning assembly will be conducted at 7:20 AM at the flag pole in front of the dining hall. Table waiters should arrive at the dining hall by 7:00 AM to set up their Pack's tables.

Safety Afloat

A class is required for adults of those Webelos Scouts taking boating. It will be offered after the evening meal on day 1.



PALMETTO COUNCIL - BSA

Annual Health and Medical Record

(Valid for 12 calendar months)

Medical Information

The Boy Scouts of America recommends that all youth and adult members have annual medical evaluations by a certified and licensed health-care provider. In an effort to provide better care to those who may become ill or injured and to provide youth members and adult leaders a better understanding of their own physical capabilities, the Boy Scouts of America has established minimum standards for providing medical information prior to participating in various activities. Those standards are offered below in one three-part medical form. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

Parts A and C are to be completed annually by all BSA unit members. Both parts are required for all events that do not exceed 72 consecutive hours, where the level of activity is similar to that normally expended at home or at school, such as day camp, day hikes, swimming parties, or an overnight camp, and where medical care is readily available. Medical information required includes a current health history and list of medications. Part C also includes the parental informed consent and hold harmless/release agreement (with an area for notarization if required by your state) as well as a talent release statement. Adult unit leaders should review participants' health histories and become knowledgeable about the medical needs of the youth members in their unit. This form is to be filled out by participants and parents or guardians and kept on file for easy reference.

Part B is required with parts A and C for any event that exceeds 72 consecutive hours, a resident camp setting, or when the nature of the activity is strenuous and demanding, such as service projects, work weekends, or high-adventure treks. It is to be completed and signed by a certified and licensed health-care provider—physician (MD, DO), nurse practitioner, or physician's assistant as appropriate for your state. The level of activity ranges from what is normally expended at home or at school to strenuous activity such as hiking and backpacking. Other examples include tour camping, jamborees, and Wood Badge training courses. It is important to note that the height/weight chart must be strictly adhered to if the event will take the unit beyond a radius wherein emergency evacuation is more than 30 minutes by ground transportation, such as backpacking trips, high-adventure activities, and conservation projects in remote areas.

Risk Factors

Based on the vast experience of the medical community, the BSA has identified that the following risk factors may define your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Sleep disorders
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on www.scouting.org.

Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.



BOY SCOUTS OF AMERICA

Annual BSA Health and Medical Record

Part A

GENERAL INFORMATION

Name _____ Date of birth _____ Age _____ Male Female
 Address _____ Grade completed (youth only) _____
 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 PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C).
 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 _____

MEDICAL HISTORY

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

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____

Food, Plants, or Insect Bites _____

Immunizations:

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

Exemption to immunizations claimed.

(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely 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 _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>

NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Emergency contact No.:

Allergies:

DOB:

Last name:

Part B
PHYSICAL EXAMINATION

Height _____ Weight _____ Meets height/weight limits Yes No Blood pressure _____ Pulse _____

Individuals desiring to participate in any high-adventure activity or events in which emergency evacuation would take longer than 30 minutes by ground transportation will not be permitted to do so if they exceed the weight limit as documented at the bottom of this page. Enforcing the height/weight limit is strongly encouraged for all other events, but it is not mandatory. (For healthy height/weight guidelines, visit www.cdc.gov.)

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs				Other	Yes	No	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			Explain
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			

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

I certify that I have, today, reviewed the health history, examined this person, and approve this individual for participation in:

- Hiking and camping Competitive activities Backpacking Swimming/water activities Climbing/rappelling
 Sports Horseback riding Scuba diving Mountain biking Challenge ("ropes") course
 Cold-weather activity (<10°F) Wilderness/backcountry treks

Specify restrictions (if none, so state)

Certified and licensed health-care providers recognized by the BSA to perform this exam include physicians (MD, DO), nurse practitioners, and physician's assistants.

To Health Care Provider: Restricted approval includes:

- Uncontrolled heart disease, asthma, or hypertension.
- Uncontrolled psychiatric disorders.
- Poorly controlled diabetes.
- Orthopedic injuries not cleared by a physician.
- Newly diagnosed seizure events (within 6 months).
- For scuba, use of medications to control diabetes, asthma, or seizures

Provider printed name _____

Signature _____

Address _____

City, state, zip _____

Office phone _____

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

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
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.

Part B Last name: _____ DOB: _____

Part C

Parental Informed Consent and Hold Harmless/Release Agreement

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. 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.

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.

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 to the adult in charge 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.

Without restrictions.

With special considerations or restrictions (list)

Talent Release Form

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 by the Boy Scouts of America, and I hereby release the Boy Scouts of America 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

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.

Participant's name _____

Participant's signature _____

Parent/guardian's signature _____

(if under the age of 18)

Date _____

Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.



BOY SCOUTS OF AMERICA
1325 West Walnut Hill Lane
P.O. Box 152079
Irving, Texas 75015-2079
<http://www.scouting.org>



2008 Printing

Part C Last name: _____ DOB: _____

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Palmetto Council, BSA

420 South Church Street • Spartanburg, SC 29306

Telephone (864) 585-4391 • Fax (864) 585-7751

www.PalmettoCouncil.org