

## **BALOO** (for Cub Scouts)

\*\*\* Must complete the online prerequisites at my.scouting.org prior to arrival \*\*\*
BALOO is required for Packs and Webelos dens to conduct campouts.

Course Director: Nick Beach, nickbeach@twc.com or 859.979.6425

BALOO runs Saturday 9 am - Sunday 12 pm (8 am check-in @ Keeneland Lodge)

## **IOLS (for Scouts BSA)**

IOLS gives adult leaders the practical knowledge they need to help Scouts learn the skills in the Scouts BSA handbook and rank advancement requirements for Tenderfoot through First Class. IOLS is required for Scoutmasters and Assistant Scoutmasters

Course Mentor: Jim Reiling, smjim103@yahoo.com or 859.494.0728

IOLS runs Saturday 8 am – Sunday 12 pm (7 am check-in @ Keeneland Lodge)

You may register for EITHER BALOO or IOLS (but not both) as each course is separate and runs simultaneously.

Attendance is required for the duration of each individual course.

An overnight camping experience is part of both BALOO & IOLS.

## **ITEMS TO BRING TO BOTH OUTDOOR COURSES**

Tent Pocket knife Clothing for season

Sleeping bag Rain gear Backpack

Sleeping pad/mattress Water bottle Plate, bowl, cup, utensils

Sturdy closed-toed shoes Flashlight Personal toiletries

Camping chair Matches & fire starter Dental hygiene

Sleeping attire Sun protection Watch/alarm clock

Soap, washcloth, towel Map and compass First aid kit

Sunglasses Coat, jacket, cap, gloves Notebook, pen, pencil

BSA medical form (Part A & B)



## **Registration Form**

Mark which training you will be attending:

☐ BALOO - Cub Scouts
☐ IOLS - Scouts BSA

Name:		
Address:		
City:State:	Zip:	_
Email:		-
Preferred Phone: OHome OCell OWork Number:		
Troop No Pack No		
District: OElkhorn OLake Cumberland OLonesome Pine	OMt. Laurel OPalisa	des OShawnee
Current Registered Position:		_
List any needs or limitations including medications, allergies,	dietary considerations, ph	ysical limitations.
Describe the extent of your camping experience, and how co		
Cost: \$35.00 Outdoor Course Fee including food – Register by	Wednesday, July 27	
I will be paying by: OCheck Credit Card: OMasterCard	I OVisa OAm Express	ODiscover
Card #:	Exp Date	CVV

PLEASE RETURN THIS FORM, THE \$35.00 COURSE FEE AND COPY OF YOUR MEDICAL FORM (PARTS A&B) TO:

Blue Grass Council Service Center 2134 Nicholasville Rd., Suite 3 Lexington, KY 40503