



# **VENTURING AREA TWO ASSEMBLAGE**

**FRIDAY-SUNDAY, AUGUST 15-17, 2008  
ALL VENTURING AREA TWO CREW MEMBERS ARE  
INVITED TO JOIN US FOR THE FIRST AREA ASSEMBLAGE  
AT GERBER SCOUT RESERVATION, TWIN LAKE  
MICHIGAN.**

**Programs have been chosen to help Venturers complete  
requirements for the Ranger Award (should they choose):**

**\*First Aid**

**\*Land Navigation**

**\*Backpacking**

**\*Cope/Climbing**

**\*Shooting Sports**

**\*Watercraft**

**\*Cooking (design your weekend menu in advance to help  
complete the Ranger cooking requirement).**

**\* All events are subject to change**

Cost is \$25 Regular Fee, or \$20 Early Registration Fee  
when paid by August 1st, 2008. (see attached form to sign up!)

What your crew will need to bring: Weather appropriate clothing,  
tents, sleeping gear, cooking equipment & Food. All program area  
equipment, campsite, water, and patch will be provided.

*For more information:*

*Youth Chair - Amanda Wisniewski at [magicalbando@yahoo.com](mailto:magicalbando@yahoo.com)*

*Adult Chair- Marc A. Irwin (269)910-3251 or [irwin7638@gmail.com](mailto:irwin7638@gmail.com)*

*Council Advisor - Aaron Gach 1-888-272-4732 or [aagach@bsaemail.org](mailto:aagach@bsaemail.org)*

August 15-17 2008
Assemblage
Gerber Scout Camp
Twin Lake, MI
REGISTRATION FORM

Crew # \_\_\_\_\_

Adult in Charge: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (E-mail) \_\_\_\_\_

Total Early Bird Fee (paid by August 1, 2008) Participants \_\_\_\_\_ x \$20 each = \$ \_\_\_\_\_

Total Regular Fee Participants (paid after Aug 1, 2008) \_\_\_\_\_ x \$25 each = \$ \_\_\_\_\_

Take out of unit account # \_\_\_\_\_ per \_\_\_\_\_ Total Enclosed \$ \_\_\_\_\_

Print Name

Event Code: 659

Please make check payable to: Gerald R. Ford Council, Boy Scouts of America.

Detach and return by August 1, 2008 to Gerald R. Ford Council, BSA, 3213 Walker Ave. NW, Grand Rapids, MI 49544-9775.

Who to call for more information:

Aaron Gach at 616.785.2662 ext. 209

Fax 616.785.0835 Email aagach@bsamail.org

How many Venturers attending - # \_\_\_\_\_

Names: (Please Print and indicate Male or Female)

Table with 3 columns for names and gender indicators for Venturers.

How many Adults attending - # \_\_\_\_\_

Names: (Please Print and indicate Male or Female)

Table with 3 columns for names and gender indicators for Adults.

Duplicate as Needed or Attach Your Own Roster.

For Office Use: Amt. Paid \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date \_\_\_\_\_ Council Approved