**Lincoln Heritage Council
Kodiak Challenge**

**November 3-5, 2023**

**Camp Lowe - Harry S. Frazier Scout Reservation**

**Shepherdsville, KY**

# *Calling all Venturers and Scouts 14 or older! Are you looking for a chance to put your skills learned at ILSC, ILST, or NYLT into practice? We have a great opportunity for you coming this Fall at Camp Lowe – Harry S. Frazier Scout Reservation in Shepherdsville, KY.*

# *This year the KODIAK CHALLENGE course will provide you with the opportunity to hone your skills in a unique Challenging Outdoor Personal Experience (COPE).*

# *Kodiak presents 5 challenges during the course that focus around leadership skills and team building exercises that will occur as we Traverse the COPE Course at CCC.*

# *We are currently accepting registrations for this Fall course. (Paper registrations are always accepted. Online registration will be coming soon to* [*https://lhcbsa.org/kodiak-challenge/*](https://lhcbsa.org/kodiak-challenge/)*) Additional information about when to arrive, the expected end of course, and what to bring will be e-mailed to each registered participant. Course is limited to 32 participants.*

***For parents/guardian/leaders that may be accompanying Scouts/Venturers, camping will be available at Camp Lowe. Non-participants can provide their own meals and cooking supplies for the weekend or pay the special price and attend meals with the participants and staff.***

***Looking to support the Kodiak Challenge? We have a limited-edition Lincoln Heritage Council Strip Patch available for purchase. Every purchase will help to fund scholarship assistance for Scouts to attend this and future courses! Quantities are limited.***



# Cost:

# $60.00 per participant

**$30.00 per non-participant**

**$10.00 per limited edition CSP**

**New Design to be announced🡪**

**Contact Information:**

|  |  |
| --- | --- |
| **Kent Burton, Course Director****502-387-5234****kent.burton@protonmail.com** | **Thomas Geary, Director of Camping****502-361-3783****Thomas.Geary@scouting.org** |

**Registration information on back**

**Complete the registration form and send to the Sam Swope Scout Center:**

**Attn: Kodiak Challenge**

**12001 Sycamore Station Place**

**Louisville, Kentucky 40299**

**Phone: (502) 361-2624 Fax: (502) 361-7899**

***Registration is available online at*** [***https://lhcbsa.org/kodiak-challenge/***](https://lhcbsa.org/kodiak-challenge/)

**2023 Fall Kodiak Challenge: November 3-5**

|  |
| --- |
| **Youth Name(s)**  |
| **1** |
| **2** |
| **3** |
| **4** |
| **5** |
| **6** |
| **7** |
| **8** |
| **9** |
| **10** |
| **11** |
| **12** |
| **13** |
| **14** |
| **15** |

**COST: $60.00 per participant**

**Limited Edition CSP: $10.00 per Patch**

Unit Type: Troop #:\_\_\_\_\_\_\_\_\_ Crew #: \_\_\_\_\_\_\_\_\_\_

Council: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scouter Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL YOUTH: \_\_\_\_\_\_\_\_\_ X $60.00 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL NON-STAFF ADULTS: \_\_\_\_\_\_ X $30.00 = \_\_\_\_\_\_\_**

**TOTAL LIMITED EDITION CSP: \_\_\_\_\_ X $10.00 = \_\_\_\_\_\_\_**

**GRAND TOTAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fax this in:**

**502-361-7899**

**Email this in:**

**Jessica.Smith2@scouting.org**

**METHOD OF PAYMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Credit Card, Check, Cash)**

Name on Credit Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_

Amount to be charged: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CVC (Code on back of card): \_\_\_\_\_\_\_\_\_\_\_\_

**Account number:**

**1-6801-291-20**

***Any Questions? Contact:***

***Kent Burton***

***502-387-5234***

***kent.burton@protonmail.com***