



The Journey Continues Webelos 2 Arrow of Light Camporee

Dates: October 3rd & 4th, 2020
Limit: 24 Scout
\$55 per Scout - \$25 per adult
Sign Up Deadline: September 4th, 2020

2020 marks the 11th annual Arrow of Light Camporee! This Camporee prepares your 5th-grade youth to cross over from the Pack into the Troop. The Scouts learn what it is like to camp as a Scouts BSA Troop member. They will also be taught essential skills in Knot Tying, Fire Building, Navigation, and much more!!

Note to Parents:

You may attend with your Scout; however, WEBELOS Scouts will be with their patrol, which will be led by a Patrol Leader and Assistant Patrol Leader (Older Scouts with leadership experience). Parents will be placed in a parent patrol. The camporee also prepares you for your crossover to the Scouts BSA. There will be some class time: WEBELOS to Scout Transition, Merit Badges, and Troop Committee.

Equipment List for Webelos:

Class A Uniform shirt including a change of clothes for the weekend.

Closed-toed shoes with a hard sole, no crocs or sandals.

Day pack with a flashlight, water bottle, bugspray, sunscreen, & toiletry items.

Sleeping Bag / Pillow / Sleeping Pad / Jacket / Rain Gear.

Swimsuit and towel for canoing activity.

COVID-19 Changes:

All meals will be served by staff. No cooking will be done by patrols this year. Tenting will be by household: parent/child or sibling. If your Scout comes by himself, he tents by himself.

Arrow of Light Camporee Registration Form

** All youth and adult campers must have BSA Health Form A and B filled out to attend. **

SCOUT REGISTRATION: \$55 (Includes meals, t-shirt, patch, and activities.) Sign up deadline: September 4th.

Name: _____ Pack: _____ Age: _____

Gender: ____ M ____ F Allergies: _____

Food Intolerances: _____

Address: _____

Parent phone #: Home _____ Work _____ Cell _____

Parents email (important) _____

Scout T-shirt size: Circle one Adult sizes: S. M. L. XL. XXL.

ADULTS ATTENDING CAMP: \$25 (Includes meals, t-shirt, patch, and activities.) Sign up deadline: September 4th.

Adult Name: _____

Gender: ____ M ____ F Contact Phone #: _____

Pack: _____ Contact Email: _____

Scout T-shirt size: Circle one Adult sizes: S. M. L. XL. XXL.

Fees: _____ Scout Camp Fees _____ Adult Camp Fees

Total Fees Paid: _____

Return as soon as possible to: Arrow of Light Camporee, 3067 Carter Hill Road, Montgomery, AL 36116.

For information on this camp, please contact:

Camporee Director: Susanne McGaughey 202-6700

Program Director: Chris McNew 782-0050

Covid-19 Standards for Arrow of Light Camporee 2020

1. Arrow of Light Camporee will operate with no more than 24 participants and not operate if the number drops below 20.
2. Patrols will be grouped by geographical regions as much as possible. They will be grouped by the same Packs, Cities, and Counties.
3. Campers and parents will be required to use personal tents. Household members may tent together i.e. parent/child or siblings. If you do not have adequate tents for the camporee, please contact Susanne McGaughey. (See phone number on registration form)
4. Each camper is required to complete a pre-camporee screening checklist that will be turned in at check-in. Questions are as follows:
 - 14-day fever history to begin September 19, 2020.
 - Has the participant been diagnosed with Covid-19?
 - Has the participant been exposed to anyone that has been or under investigation for Covid-19?
 - Has the participant or anyone in his household experienced any of the following:
 - Shortness of breath
 - New or worsening dry cough
 - Fever of 100.4 degrees Fahrenheit or greater
 - Flu-like symptoms
 - Vomiting
 - Diarrhea
5. Participants will have an arrival screening to review the above checklist for any changes and temperature check prior to check-in.
6. Visitors/parents not attending the camporee will not be allowed to interact with staff and/or participants.
7. Parents who are not attending the camporee will remain in their vehicles at the drop off point and wait until the participants pass the arrival screening and check-in. Once processed, the parents will be given permission to leave.
8. Participants will remove their gear from the vehicles and sanitize their gear prior to be guided by a staff member to their assigned tenting locations.
9. The safety guidelines that will be reviewed with participants at check-in, flagpole/opening, and mealtimes and are as follows:
 - Social Distancing
 - Hygiene
 - Safety and Sanitation

- Usage of PPE (personal protection equipment)
10. Program changes:
 - Equipment will be sanitized before and after usage.
 - Face masks will be required when social distancing (6-foot rule) is not an option.
 - When indoors, participants will wear masks.
 - Everyone will be required to wash hands prior to meals.
 - Temperature checks will be performed every morning and late afternoon.
 - Any participant with a temperature reading of 100.4 and above will be isolated and rechecked at 30 minute and 1-hour intervals. If the participant's temperature remains elevated, the participant will be sent home.
 - All common surfaces such as door handles, sinks, chairs, tables, and bathroom facilities will be cleaned/sanitized multiple times per day.
 - All food and beverages will be served by staff using the proper PPE. There will be no buffet or self-serve food options.
 - Kitchen staff will wear masks and gloves while preparing and/or serving ready to eat foods.
 - Kitchen staff will follow ServSafe guidelines when preparing, cooking, serving, and storing food.
 - Kitchen staff will wash hands frequently.
 - Only required staff will be allowed in the kitchen area.
 - Dishwashers will wear masks and gloves when needed.
 - Food prep stations and cooking areas will be cleaned and sanitized frequently.
 11. All campers will be required to maintain personal hygiene. Daily showers are highly recommended.
 12. All campers will need to bring an 8-ounce bottle of hand sanitizer for their personal use.
 13. All campers will need to bring a minimum of 2 face masks per day for their personal use.
 14. Medical forms: All medical forms need to be filled out using the most current BSA printing. The 2019 printing is required for Parts A, B1, and B2. Part C is not required for this event.
 15. If any staff or participant has an underlying condition that will be exacerbated due to Covid-19 such as diabetes, high blood pressure, or any other high-risk medical condition, please do not attend.
 16. Please do not bring a refillable water bottle or canteen to Arrow of Light Camporee this year. Disposable water bottles will be provided for all participants throughout the camporee.
 17. Any parent that dropped off a Scout on Saturday morning may arrive at Camp on Sunday afternoon 1 hour prior to dismissal. After having your temperature taken, you may park in the designated area for pick-up. You will be given instructions at that time on gear pick-up and dismissal procedures.

The Tukabatchee Area Council and Arrow of Light staff reserve the right to add to or amend this list at any time. All participants and staff must adhere to the required guidelines in order to conduct a safe and successful camporee.

I have read the above guidelines and rules and promise to abide by them.

Participant signature /date

Participant signature /date

COVID-19

ASSUMPTION OF EXPOSURE AND INHERENT RISK, RELEASE OF LIABILITY, WAIVER OF CLAIMS, INDEMNITY AGREEMENT, AND DECLARATION

I, the undersigned **parent or legal guardian** of the child (youth) named below, hereby consent to my and/or my child's participation in an Official Scout Activity ("**Scout Activity**") sponsored by the Tukabatchee Area Council, Boy Scouts of America during the COVID-19 pandemic and agree to the following:

COVID-19. COVID-19 is a mild to severe upper respiratory disease caused by the virus SARS-CoV-2 ("**COVID-19**").

Potential Exposure. I understand that COVID-19 is considered highly contagious and is primarily spread from person to person, including asymptomatic persons. COVID-19 is more likely to be spread when people are within approximately six feet of one another. I understand that while attending a Scout Activity I and/or my child will be within six feet of other people.

Inherent Risks. Exposure to COVID-19 includes certain risks, not all of which can be described herein, but may include coughing, shortness of breath, difficulty breathing, fever, chills, shaking, muscle pain, headache, sore throat, loss of taste or smell, pain or pressure in the chest, confusion, inability to wake, and death.

Assumption of COVID-19 Exposure and Inherent Risks. I have read the previous statements regarding COVID-19 exposure and risks ("**COVID-19 Exposure**") inherent in attending a Scout Activity. I understand and appreciate the COVID-19 Exposure inherent in attending a Scout Activity and that health-related reactions may manifest as a result of attending a Scout Activity. I agree that my attendance and or my child's attendance at a Scout Activity is voluntary and hereby knowingly assume the risk of any and all COVID-19 Exposure.

Waiver, Release, and Indemnification. In consideration of being allowed to participate in a Scout Activity and other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, and on behalf of my child and myself, and our respective estates, heirs, and assigns, I knowingly, and with informed consent, do hereby waive, release, agree to defend and indemnify, and shall hold harmless the Boy Scouts of America, the Tukabatchee Area Council Boy Scouts of America, my Troop and Chartering Organization, and all of their respective executives, employees, officers, volunteers, agents, owners, affiliates, officers, directors, partners, managers, members, and agents (collectively, "**Released Parties**") from and against all demands, claims, losses, injury, damages, liability, attorneys' fees, costs, and/or expenses of litigation, in law or in equity, whether known or unknown, that have arisen or may arise from any COVID-19 Exposure and my participation in the Scout Activity that involve any damage, loss, or injury to me and or my child. I promise not to sue any of the Released Parties for any such demands, claims, or liability. This waiver, release, indemnification agreement, and promise not to sue shall apply to any and all claims of negligence, but does not apply to any claims of criminal conduct, gross negligence, or willful conduct.

Declaration. I declare that neither I nor any individual residing in the same home as me are ill today nor are currently experiencing, nor have experienced within the last two weeks, any symptoms of COVID-19.

This document is revocable, prospectively only, by a writing signed by me that bears the date the revocation is delivered to the above-mentioned Council.

Child's Name (Printed) D.O.B.

Printed Name of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Home Phone Number

Cell (Mobile) Phone Number

Camper Name: _____

Session: AOL Camporee

Pre-Camp Health Screening

Dear Camp families,

In an effort to minimize illness at camp we ask that you check on the health of your camper daily beginning 14 days prior to camp. The best camp sessions start with healthy campers and this begins at home. Please bring this completed form to camp on opening day.

Please indicate if your camper has any of the following symptoms prior to camp and record a temperature daily. If any temperature or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.

Symptoms (symp):

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle Pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

Please initial

1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days before the start of camp. Initial _____
2. No one in our household has been sick in the 14 days prior to camp. Initial _____
3. My child has not traveled by air or traveled out of state in the 14 days prior to camp. Initial _____
4. My child has adhered to our state's guidelines regarding COVID19. Initial _____

Start date of
temperature/
symptom
screening:

Day:	Sept 19	Sept 20	Sept 21	Sept 22	Sept 23	Sept 24	Sept 25
Temp/ symp							
Day:	Sept 26	Sept 27	Sept 28	Sept 29	Sept 30	Oct 01	Oct 02
Temp/ symp							

Our signature indicates that we completed this health screening daily for 14 days prior to camp and to the best of our ability. We understand that arriving to camp healthy is vital to a healthy camp for all campers.

Parent Signature: _____ Date: _____

Camper Signature: _____ Date: _____

created by Eleanor Matthews, RN 2020

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. 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 protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes 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.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby 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 liability from such use and publication. I further 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 BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

☐ Checking this box indicates you DO NOT want your child to use a BB device.



NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any:

☐ None

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. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: _____

Name: _____

Phone: _____

Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____

Name: _____

Phone: _____

Phone: _____



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Part B1: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Unit leader's mobile #: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (anginal)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma/reactive airway disease	Last attack date: _____
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion/TBI	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Neurological/behavioral disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures or epilepsy	Last seizure date: _____
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Skin issues	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date: _____
		List any other medical conditions not covered above	



Part B2: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

DO YOU USE AN EPINEPHRINE
AUTOINJECTOR? Exp. date (if yes) _____ ☐ YES ☐ NO

DO YOU USE AN ASTHMA RESCUE
INHALER? Exp. date (if yes) _____ ☐ YES ☐ NO

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication	
<input type="checkbox"/>	<input type="checkbox"/>	Food	

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

☐ Check here if no medications are routinely taken. ☐ If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

☐ YES ☐ NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____/_____
Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)



Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., Hib)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exemption to immunizations (form required)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX.

Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____



Health Forms Required

The only health form required of scouts and adults is the one included in the back of this guide. Please fill this form out completely, parts A and B only, when signing up for Cub Camp or Webelos Resident Camp. The form can also be found online at <http://www.tukabatcheebsa.org>.

Procedures, Policies, & Information

Discipline

The Unit Leader, assistant leader, and/or parent(s) are responsible for the discipline and order of their own scouts. The camp staff will not assume the responsibility for, or interfere with unit discipline unless it directly involves the health of scouts or the unit leaders are not present at the time of the problem.

Lost and Found

The camp lost and found box will be located in the dining hall. Leaders need to remind scouts to have their personal property clearly marked with his name and pack number. Please have scouts and adults check to ensure they have all their belongings before going home.

Pets

Pets are not permitted at camp. This applies to both campers and visitors.

Open Fires

Campfires in the campsite are allowed but only when started and supervised by a responsible adult and held in a designated fire ring. An adult must be present whenever the fire is burning.

Outdoor Hazards

In any trip to the out-of-doors the camper may encounter insects and poisonous plants or animals. Each scout leader should prepare his/her scouts to recognize and protect against such outdoor hazards. Please keep wildlife in mind when bringing food into campsites. Do not leave candy, wrappers, or other food in your clothing or tent.

Alcoholic Beverages & Illegal Drugs

Alcoholic beverages and illegal drugs of any type will not be tolerated in the council camp. Possession of the same will result in immediate dismissal from the property. There will be no refund of unused camp fees. In regards to the Biscuits Camporee, the Council understands alcohol is sold in the stadium; however, we encourage parents and leaders (especially those in uniform) to abstain from purchasing alcohol in respect to all scouts.

Automobile Policy

All cars/trucks must be parked and remain in the designated parking lot. One vehicle per pack will be allowed to carry gear to campsite. No ATV's or Golf Carts in camp.

Fireworks

Fireworks of any kind are not allowed in camp. Violation to this rule may lead to immediate dismissal.

Showers

Hot, private showers are available to all campers. There will be designated times for youth (Male and Female) and adult (Male and Female) to shower, please respect those times. Please respect the privacy of other youth and adults near the shower locations, but also please supervise (from outside the shower area) any youth in the showers.

Health and Safety**Camp Medic**

A qualified Camp Medic is on duty at all times. In event of severe accident/illness, the person will be taken to Prattville Baptist Hospital.

Medication

If a camper must take any kind of medicine while at camp, it must be turned into the Camp Medic, with written instructions indicating the scout's name, medication name, when to administer, and what quantity. It is IMPORTANT that the parent/unit leader keep track of the medication and times needed. Many times, the scout needs a reminder to find the Camp Medic.

Weather Emergencies

In the event of impending severe weather, campers will be alerted by either a siren or horn. Detailed instructions for procedures will be discussed at opening ceremony of camp.

Refund Policy

To receive a refund on any activity/event, a letter must be submitted to the camping committee for approval.

No fees may be transferred.

Two weeks prior to activity/event- 80% refunded.

One week prior to activity/event- 50% refunded.

Within one week prior and No Shows- No refund.

Trading Post

The Trading Post will be open during Cub Camp and Webelos Resident Camp. It will be stocked with snacks, candies, soft drinks, and Gatorade. The Trading Post will only be open during specific times.

What to bring to Camp

*Please Label All Property With Name & Pack #

Tent (based on what event and need)

Sleeping Bag/Pillow

Flashlight

Insect Repellent

Sunscreen

Toiletries

Raingear

Swimsuit (Cub Camp and Webelos Camp)

Clothing: based on weather

Tennis shoes and socks (No Open-Toed Shoes)

Water Bottle

Hat

Money for Trading Post

Personal Medications with written instructions

Directions to Camp Hobbs

From I-65: Take exit 186 (US 31 Prattville-Pine Level). Go north on US31 for 2.5 miles to Autauga County Road 40. Turn left on Autauga County Road 40 and go 3 miles. Camp Hobbs is on your right. Take the camp road until it dead ends into the parking lot.

Directions to Camp Tukabatchee

From I-65: Take exit 186 (US 31 Prattville-Pine Level), go north on US 31 for 2.5 miles to Autauga County Road 40. Turn left on Autauga County 40 and go for 2.5 miles. Turn right on Autauga County Road 59. Travel 0.8 miles, and Camp Tukabatchee is on the left.

Contact Information

334-262-2697 or 1-800-977-2688

www.tukabatcheebsa.org