



Lost Valley - Chapel in the Pines

“Don Paul Memorial Tree Grove”

Here is a great opportunity for you to have a living memorial at Lost Valley for relatives or Scouting friends. This means, that you can have a tree planted in the Chapel area. At the same time you will be helping with the reforestation. We lost many large pine trees over the years due to the beetle kill in Lost Valley. Presently there is no shade in the seating area from the east or south site, due to the lack of trees. In the month of June an automatic watering system was installed. Every tree that is now planted will have a good chance to survive.

The Lost Valley Conservation Committee will be in charge of the planting program. Most of the plantings will be done two times a year depending on tree availability and weather conditions.

Planting: 15-gallon *Pinus coulterii* – Coulter pine

Plaque for display case - 1 ½ inches X 3 inches, black with brass script.

(Name, city, state, unit, date of birth & date of death)

Donation: \$ 100.00 (This fee is for the tree and a 1 ½ x 3” inch plaque only) \$ _____

Optional Large Plaque (this plaque is in addition to the regular planting and small plaque)

This is a cast bronze plaque - 6 X 8 inches that will be mounted by the tree on a small pedestal.

Note: There is no extra room for comments on the plaque. 4 LINES ONLY.

It also comes with a BSA scout logo. (Name, city, state, unit, date of birth & date of death)

Donation: Approximately \$400 depending on current market rate. Call for current fees.
(This fee is in addition to the tree planting and the 1½ x 3” inch plaque) \$ _____ **Total \$** _____

For additional information call:

Al Remyn 714-538-3821

Marty Cutrone 714- 546-4990 X 146

The plaque (6” x 8”) can be ordered through the Camping Department at (714) 546-8558 x112 by filling out this form and mail with your check to: Orange County Council, BSA 1211 East Dyer Rd. Santa Ana, CA 92705-5605

In Memory of _____
 City _____ State _____
 Unit # _____ District _____
 Date of Birth ____ / ____ / ____ Date of Death ____ / ____ / ____

 Payee: _____
 Address: _____
 City: _____ State: _____
 Phone #: () _____
 Check # _____ Cash: _____
 Date ____ / ____ / ____