

Activity: Winter Cabin Camping

Location: L.E. Phillips Reserve

Dates: Nov. 30 – Dec. 2, 2001

Departure time: 5:30 p.m. Friday, CVBC

Estimated return: 11:30 a.m. Sunday, CVBC



COST: \$6.00 (PLUS food costs to be determined later by each patrol)

Emergency contact: Tom Arneberg's cell phone -- 456-4400

GOAL: This will be our troop's first winter campout! Don't worry, though, we'll all be staying in one big heated cabin. The L.E. Phillips Scout Reserve is near Rice Lake, about an hour north of Chippewa Falls. (Some boys may choose to try earning the "Zero Hero" award, which requires you to stay outside for a 24-hour period during which the temperature drops below 0 degrees F at least once. Any boy wanting to try that will need a good quality sleeping bag!)

Retain the above information and return the form below with any money by **Monday, November 26, 2001**. (If you can't make it to that meeting, **MAIL IT IN** to 1900 Eagle Street, Chippewa Falls, WI 54729.) We are going to have to stick to the deadline this time, so that the boys know how many to plan food for. They will be trying something different this time -- rather than raiding their mothers' cupboards, each patrol will plan a menu and then send one of their boys to the store to buy food for their patrol for the weekend. Then they'll split up the food cost among the boys in their patrol after the weekend.

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Fees: \$_____ from boy's account + \$_____ enclosed check = \$6.00

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of my Scout son/ward, namely:

First _____ Middle _____ Last _____

on the activity above, I agree to his participation and waive all claims against the leaders of this trip, officers, agents and representatives of the Boy Scouts of America, and the sponsoring organization, Chippewa Valley Bible Church. In the event of an emergency, the troop leader of the activity named above has my permission to obtain medical treatment for this Scout at the nearest hospital or doctor, at my expense, if our own doctor is not readily available, and as restricted on the Emergency Data Sheet on file with the Troop.

- () Yes, I will attend this activity with my son(s)
- () Yes, I can drive (to / from) this activity; I can fit _____ scouts in my car

Signature of parent or guardian: _____ Date: _____

EMERGENCY INFORMATION: (In addition to Personal Health and Medical Records.)

During the activity listed above, I (parent/guardian) can be contacted at the following phone number(s):

(_____) _____ (_____) _____

This scout is highly sensitive to:

What, if any, medication is this Scout taking?

Any special instructions for this medication?

Do you want the activity leader to carry the medication?

(use back of this page for additional information or explanation)

Date of last tetanus shot/booster: _____

Date of birth: _____

MEDICAL INSURANCE INFORMATION

Company: _____

Policy Number: _____ Parent's SS#: _____

Questions? Call Tom Arneberg or Darin Thomas, or see the www.troop72.com web page.