Activity: "Scout Island" Location: Chippewa Falls

Dates: Fri-Sun, May 27-29, 2005 Meet at: 5:00 p.m. Friday, CVBC Return: 11:45 a.m. Sunday, CVBC

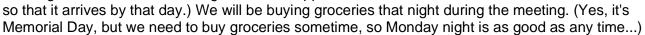
**COST:** \$8.00 (for food; boys will cook by patrol) **Emergency contact:** Tom Arneberg's cell phone – **715-210-2684** 

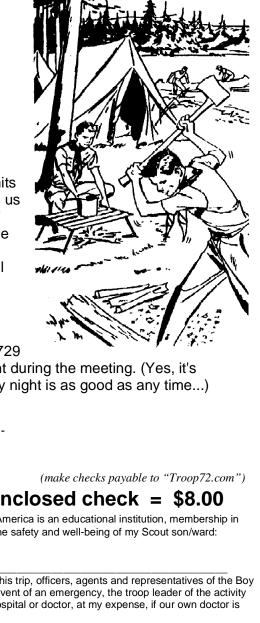
Details: This will be our troop's fourth annual campout on Scout Island. This is an island on the Chippewa River, right in the city limits of Chippewa Falls! It is owned by another troop in town, who gives us permission to use it. Scout Island is a great place to work on Totin' Chip skills (ax, saw, knife), fire-building skills, as well as to do some fishing and swimming. Some boys may also choose to drive up to Cornell for a few hours on Saturday, to work on some Ice Age Trail clearing for one of our scout's Eagle project.

Retain the above information and return the form below with any money by **Monday**, **May 23**, **2005**. (If you can't make it to that meeting, **MAIL IT IN** to 1900 Eagle Street, Chippewa Falls, WI 54729

----- (cut here; return bottom portion) -----

Questions? Call Tom Arneberg or Darin Thomas, or see the <a href="www.troop72.com">www.troop72.com</a> web page.





Activity: "Scout Island" in C	Shippewa Fall	S
Dates: Fri-Sun, May 27-29,	, 2005	(make checks payable to "Troop72.com"
Fees: \$ from boy's a	ccount + \$	enclosed check = \$8.00
In consideration of the benefits to be derived, and in view which is voluntary, and having full confidence that every p	•	outs of America is an educational institution, membership in ensure the safety and well-being of my Scout son/ward:
First	Middle	Last
Scouts of America, and the sponsoring organization, Chip	pewa Valley Bible Church, nent for this Scout at the ne Data Sheet on file with the	ders of this trip, officers, agents and representatives of the E In the event of an emergency, the troop leader of the activit earest hospital or doctor, at my expense, if our own doctor is Troop.
Signature of parent or guardian:		Date:
<b>EMERGENCY INFORMATION:</b> (In addition to Per During the activity listed above, I (parent/guardian) can be		
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:	D	ate of birth:
MEDICAL INSURANCE INFORMATION Company:		
Policy Number:	Parent's SS#:	