

**Activity: Fall Camporee (Pioneering)**  
**Location: Cadott (Hwy 27/Yellow River)**

**Dates: Fri-Sun, Sept. 23-25, 2005**

Meet at: 5:00 p.m. Friday, CVBC

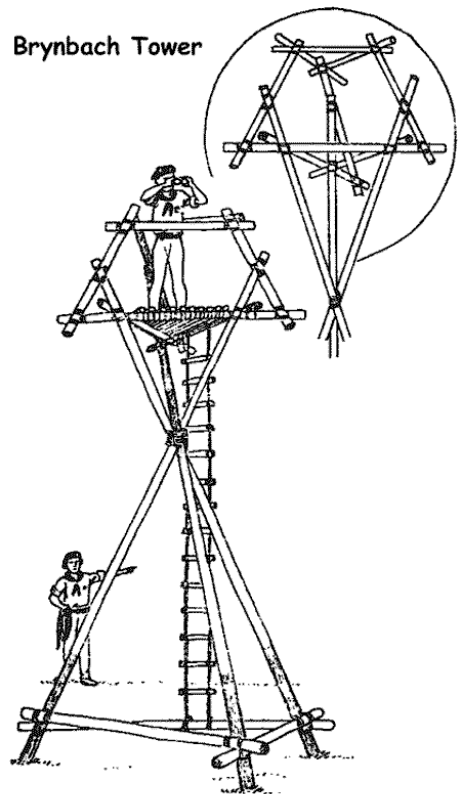
Return: 11:45 a.m. Sunday, CVBC

**COST: \$16.00** (for food and \$10 fee)

Emergency contact: Tom Arneberg's cell phone – 715-210-2684

**Details:** This will be our troop's first camporee in a while. A camporee is a fun event where scouts from several area troops gather together. The theme of this camporee is Pioneering, so there will probably be lots of lashing and building things with logs.

Retain the above information and return the form below with any money by **Monday, Sept. 19, 2005**. (If you can't make it to that meeting, **MAIL IT IN** to 1900 Eagle Street, Chippewa Falls, WI 54729 so that it arrives by that day.) We will be buying groceries that night during the meeting.



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**Activity: Fall Camporee near Cadott**

**Dates: Fri-Sun, May 27-29, 2005**

(make checks payable to "Troop72.com")

**Fees: \$\_\_\_\_\_ from boy's account + \$\_\_\_\_\_ enclosed check = \$16.00**

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:

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](http://www.troop72.com) web page.