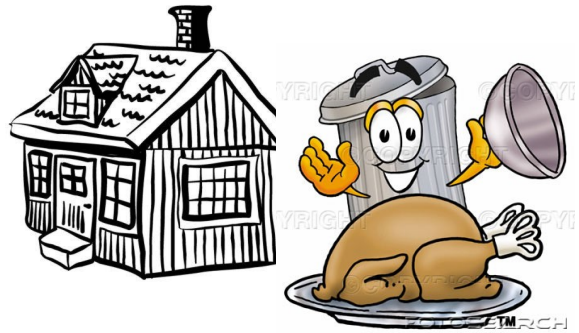


Activity: Winter Cabin Camping
Location: Fred C. Andersen Scout Camp
Dates: Nov. 10-12, 2006
Departure: 5:30 p.m. Friday, CVBC
Est. Return: 11:30 a.m. Sunday, CVBC

COST: \$14.00 (\$8 for four meals; \$6 for cabin rental)

Emergency contact: Art Marty, (Camp Ranger), 715-549-6641
or Tom Arneberg's cell phone: 715-225-1849



Details: We're heading back to "Fred C."! Don't worry about the weather; we'll be sleeping in a heated cabin. It's just one big room, though, so you may want a sleeping pad for the wood floor (no bunks). The cabin also has a gas stovetop, although we'll be trying a new method for our pre-thanksgiving feast: "Trashcan Turkey"! The Fred C. Anderson Scout Reserve is nestled in the scenic bluffs of the St. Croix River near Stillwater, about 90 minutes west of Chippewa Falls. We will NOT be able to park right next to the cabin, so **boys should try to get all their stuff into some type of backpack if possible, since they will have to hike in a half mile or so.** (Wheeled carts and sleds will also be available.) There will be plenty of time for hiking, fire-building, cave exploring, advancements, and goofing off. The older boys also plan on setting up a one-mile orienteering course for the benefit of boys who need to navigate one for their First Class requirement. Retain the above information and return the form below with any money by 7:00 p.m. **Monday, Nov. 6, 2006.**

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

Winter Cabin Caming at Fred C. Andersen

Dates: Nov. 10-12, 2006

Fees: \$_____ from boy's account + \$_____ enclosed check = \$14.00

(make checks payable to "Troop72.com")

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 (726-4074) or see the www.troop72.com web page.