

**Activity: Winter Cabin Camping**  
**Location: Fred C. Andersen Scout Camp**  
**Dates: January 19-21, 2007**  
**Departure: 5:30 p.m. Friday, CVBC**  
**Est. Return: 12:00 noon Sunday, CVBC**



**COST: \$18.00** ( \$8 for four meals; \$10 for cabins)

**Emergency contact:** Art Marty, (Camp Ranger), 715-549-6641  
or Tom Arneberg's cell phone: 715-529-1536

**Details:** We're heading back to "Fred C.!" This is the same Scout reservation that we went to in November, but this time we'll be staying in the Adirondacks. They're a little more expensive, but each patrol gets their own small cabin with eight bunks! Each cabin also has a gas heater and stovetop. The Fred C. Andersen 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, but the hike to the Adirondacks is much shorter than it was to our Van Krevelen cabin in November. (Wheeled carts and sleds will be available.) There will be plenty of time for hiking, fire-building, cave exploring, advancements, and goofing off. Hopefully the Patrol Leader Council will be planning some time of troop activity for Saturday morning. Retain the above information and return the form below with any money by 7:00 p.m. **Monday, Jan. 15, 2007**

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

## **Winter Cabin Caming at Fred C. Andersen**

**Dates: Jan. 19-21, 2007**

**Fees: \$\_\_\_\_\_ from boy's account + \$\_\_\_\_\_ enclosed check = \$18.00**

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