

Activity: 60-mile Bike Ride on Chip. River Trail
Location: Chip.Falls -> Durand and back
Dates: Sat-Sun, Sept. 8-9, 2007
Meet at: 9:00 a.m. Sat, Hardee's (B53/Eddy Ln.)
Est. return: 2-4 p.m. Sun, Hardee's (B53/Eddy Ln.)
Cost: \$11 (4 meals @ \$2; \$3 camping fee)



Emergency contact: Tom Arneberg's cell: 529-1536

Details: We had a great time on last year's 55-mile bike trip to Cornell, so we're going to try something similar but in the opposite direction. We'll haul camping/cooking gear from Hardee's to Durand in the trailer, so the burden will be light. We'll be bicycling 95% on paved bike trails, on the Chippewa River Trail, through Eau Claire, and on to Durand via the newly-paved section. The trail is paved and flat, but it is 30-35 miles each day, so boys should bring a bike in good working order, and should try to do a little conditioning before the trip. Also, **helmets are mandatory**. You can eat breakfast at home, or at Hardee's if you arrive before 9:00. (If you've never gone 30 miles in a day, don't worry; it's easier than you think.)

Retain the above information and return the form below with any money by **7:00 p.m. Tuesday, Sept. 4, 2007**. (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.) Patrols will probably be buying food for the trip some time that week – probably Tuesday or Thursday, since Monday is Labor Day and the night before the first day of school.

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

60-mile Bike Ride on Chippewa River Trail (Chippewa Falls -> Durand and back)

Dates: Sat-Sun, Sept. 8-9, 2007

Fees: \$_____ from boy's account + \$_____ enclosed check* = \$11.00

(*make your check payable to "Troop 72")

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 (726-1728), or see the www.troop72.com web page.