

Activity: Aviation Camporee

Location: Eau Claire Airport

Dates: Sat-Sun, Sept. 22-23, 2007

Meet at: 8:00 a.m. Sat, Airport

Est. return: 11:30 a.m. Sun, CVBC

Cost: \$18 (3 meals @ \$2; \$12 camporee fee)



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

Emergency contact: Jarrod Thornton's cell: 559-2766

Details: This is the first-ever Aviation Camporee (as far as I know!). We'll be camping right at the Eau Claire airport, and hopefully we'll even get to take a plane ride (more info on that later). We can have fires there if we have a way to get it up off the ground (does anyone have a backyard fire burner thing?) See the district's flyer on the troop72.com web page for more info.

Retain the above information and return the form below with any money by **7:00 p.m. Monday, Sept. 10, 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 be buying food for the trip the following Monday – but the event organizers need to have a final headcount earlier than we normally do in our troop.

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Aviation Camporee at the Eau Claire Airport

Dates: Sat-Sun, Sept. 22-23, 2007

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

(*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.