

Activity: "Scout Island"

Location: Chippewa Falls

Dates: Fri-Sun, May 30-June 1, 2008

Meet at: 5:30 p.m. Friday, CVBC

Return: 11:30 a.m. Sunday, CVBC

COST: \$9.00 (for food; boys will cook by patrol)

Emergency contact: Tom Arneberg's cell phone – 715-529-1536

Details: Going to Scout Island is an annual tradition for our troop. This is an island on the Chippewa River, right in the city limits of Chippewa Falls! It is owned by another troop in town, who gives us permission to use it. Scout Island is a great place to work on Totin' Chip skills (ax, saw, knife), fire-building skills, as well as to do some fishing and swimming. It is more laid-back than a backpack trip, and would be a great one to bring a friend to if he's interested in scouting.

Retain the above information and return the form below with any money by **Monday, May 26, 2008**. (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.) NOTE: We don't know for sure yet when we'll be buying groceries. We probably won't meet on Memorial Day; we may buy groceries later that week or possibly even Friday at 5:30 just before we leave.



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(make checks payable to "Troop72.com")

Fees: \$_____ from boy's account + \$_____ enclosed check = \$9.00

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? Contact Tom Arneberg (726-4074 or "tom@arneberg.com") or see the www.troop72.com web page.