Activity: "Scout Island" Location: Chippewa Falls

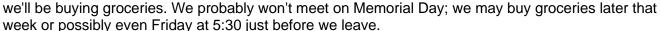
Dates: Fri-Sun, May 30-June 1, 2008

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





; ref	turn bottom portion)	
Activity: "Scout Isla	nd" in Chippewa Fal	Is
Dates: Fri-Sun, Ma	ay 30-June 1, 2008	(make checks payable to "Troop72.com")
Fees: \$ from	boy's account + \$	enclosed check = \$9.00
In consideration of the benefits to be der	ived, and in view of the fact that the Boy S	couts of America is an educational institution, membership in ensure the safety and well-being of my Scout son/ward:
First	Middle	_Last
on the activity above, I agree to his partic Scouts of America, and the sponsoring o named above has my permission to obta	cipation and waive all claims against the le rganization, Chippewa Valley Bible Church	aders of this trip, officers, agents and representatives of the l n. In the event of an emergency, the troop leader of the activi nearest hospital or doctor, at my expense, if our own doctor is
() Yes, I will attend this activity with m () Yes, I can drive (to / from) this acti		
Signature of parent or guardian:		Date:
	(In addition to Personal Health and Medic guardian) can be contacted at the following	
() This scout is highly sensitive to: What, if any, medication is this Scout tak Any special instructions for this medicatio Do you want the activity leader to carry the content of this page for additional information.	on? ne medication?	
Date of last tetanus shot/booster:	MATION	Date of birth:
Policy Number:	Parent's SS#:	

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