

**Activity: Canoeing in Northern Wisc.**

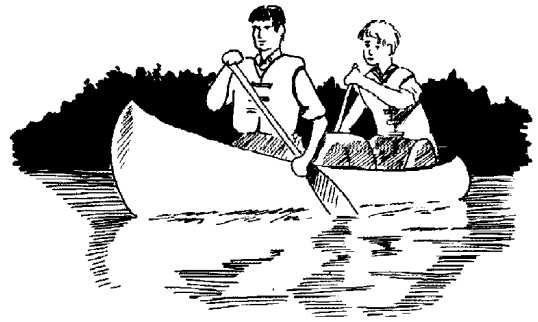
**Dates: July 11-13, 2008**

**Departure: 5:00 p.m. Friday, CVBC**

**Est. return: 3-9 p.m. Sunday, CVBC**

**COST: \$12.00** (5-6 meals)

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



**Details:** For the first time in the history of our troop, we can plan a canoe trip somewhere other than the St. Croix River! This is because of the generosity of Mr. Atchley and Mr. Schrader, who are both lending canoe trailers to the troop for the weekend. Let us know if you have a canoe you can bring. This trip will be limited based on how many canoes we haul with us. (Get your permission slips in early!)

We don't know exactly where we'll be going yet, but it will be some river in Northern Wisconsin. We'll either launch and find a camping spot on the river as soon as possible Friday night, or else do a base camp that night and get on the river Saturday morning. In either case, the plan is to find an island to camp on for Saturday night. Our return time Sunday will be based on weather and fatigue.

Retain the above information and return the form below with any money by **Monday, July 7, 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.) We need to know our final headcount so we can buy groceries that day.

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

**Canoeing in Northern Wisconsin**

**Dates: July 11-13, 2008**

**Fees: \$\_\_\_\_\_ from boy's account + \$\_\_\_\_\_ enclosed check\* = \$12.00**  
(\*make checks 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 at 726-4074, or see the [www.troop72.com](http://www.troop72.com) web page.