

**Activity: 55-mile Bike Ride on Old Abe Trail**  
**Location: Chip.Falls -> Brunet Island and back**  
**Dates: Sat-Sun, Sept. 6-7, 2008**  
**Meet at: 9:00 a.m. Sat, Arneberg Acres**  
**Est. return: 2-5 p.m. Sun, Arneberg Acres**  
**Cost: \$10 (4 meals @ \$2; \$2 camping fee)**



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

**Details:** We're heading North for this year's bike trip. Most of the route is on the paved Old Abe Trail. We'll haul camping/cooking gear from the start point to Brunet Island State Park in the trailer, so the burden will be light. The trail is flat, but it is 25-30 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.** (If you've never gone 30 miles in a day, don't worry; it's easier than you think...just keep pedaling!)

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

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

**55-mile Bike Ride on Old Abe Trail (Chippewa Falls -> Brunet Island S.P. and back)**

**Dates: Sat-Sun, Sept. 6-7, 2008**

**Fees: \$ \_\_\_\_\_ from boy's account + \$ \_\_\_\_\_ enclosed check\* = \$10.00**

(\*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](http://www.troop72.com) web page.