

**Activity:** Air Show Camporee  
**Location:** Eau Claire Airport  
**Dates:** Fri-Sun, Sept. 12-14, 2008  
**Meet at:** 5:30 p.m. Fri, CVBC  
**Est. return:** ??? Sun, CVBC  
**Cost:** \$18 (4 meals @ \$2; \$10 Air Show fee)



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

**Details:** For the first time in history, a Boy Scout Council is hosting a Blue Angels Air Show. And it's our very own council! Tickets are \$20 at the door, but our Scouts have to pay only \$10 to get entry, lunch, and a patch. Wear a full uniform if you have it. The only hats that can be worn are official uniform hat...might be a good time to buy one!

Our actual campsite will be two miles from the air show. The council will be busing Scouts from the campsite to the air show on Saturday. No food or drink is allowed to be brought in from the outside, but they will be providing us lunch.

Retain the above information and return the form below with any money by **8:00 p.m. Monday, Aug. 25, 2008**. Due to security precautions, advance registration is **REQUIRED**. Patrols will probably be buying food for the trip the Monday beforehand, but if you don't register by the cutoff date, you can't join us.

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### Air Show Camporee at the Eau Claire Airport

**Dates:** Fri-Sun, Sept. 12-14 2008

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