

Activity: Winter Cabin Camping
Location: Fred C. Andersen Scout Camp
Dates: January 9-11, 2009
Departure: 5:30 p.m. Friday, CVBC
Est. Return: 12:00 noon Sunday, CVBC

COST: \$18.00 (\$8 for four meals; \$10 for cabins)

Emergency contact: Art Marty, (Camp Ranger), 715-549-6641
or Tom Arneberg's cell phone: 715-404-0582



Details: We're heading back to "Fred C."! Once again we will be staying in the **Adirondacks**. They're a little more expensive, but each patrol gets their own small cabin with eight bunks! (We reserved **FOUR** cabins this year.) Each cabin also has a gas heater and stovetop. The Fred C. Andersen Scout Reserve is nestled in the scenic bluffs of the St. Croix River near Stillwater, about 90 minutes west of Chippewa Falls. We will NOT be able to park right next to the cabin, but the hike to the Adirondacks is not as far as it is to other cabins. (Wheeled carts and sleds will be available.) There will be plenty of time for hiking, fire-building, cave exploring, sledding, advancements, practicing for the upcoming Klondike Derby, and goofing off. The Patrol Leader Council will be planning some time of troop activity for Saturday morning and/or afternoon. Retain the above information and return the form below with any money by 7:00 p.m. **Monday, January 5, 2009.**

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

Winter Cabin Camping at Fred C. Andersen

Dates: January 9-11, 2009

Fees: \$_____ from boy's account + \$_____ enclosed check = \$18.00

(make checks payable to "Troop72.com")

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 (726-4074) or see the www.troop72.com web page.