

Activity: Winter Cabin Camping
Location: Camp Decorah
Dates: March 6-8, 2009
Departure: 5:30 p.m. Friday, CVBC
Est. Return: 12:00 noon Sunday, CVBC
COST: \$15.00 (\$8 for four meals; \$7 for cabin)

Emergency contact: Camp office, 608-784-4040
or Larry Hoffman's cell phone: 715-559-4314



Details: This will be our troop's first-ever trip to Camp Decorah. This camp is 80 miles from Chippewa Falls, about 20 miles north of La Crosse. The cabin is heated but has no running water, similar to the cabins at Fred C. Andersen.

The PLC will be coming up with activities and agenda for the camp. There will be lots of opportunities for newer Scouts to learn new skills, as well as sledding (if there's snow) and the chance to sleep outside if you want. (Note: Scoutmaster Mr. Tom Arneberg won't be on this campout since he'll be in China, but Mr. Larry Hoffman, Mr. Mark Reams, Mr. Rod Schrader, and possibly other adult leaders will be there.)

Retain the above information and return the form below with any money by 7:00 p.m. Monday, March 2, 2009.

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

Cabin Camping at Camp Decorah

Dates: March 6-8, 2009

Fees: \$_____ from boy's account + \$_____ enclosed check = \$15.00
(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.

Note: we will not have either church van for this trip! So we will need several parents to drive (and does anyone have a pickup that can haul the troop trailer?):

- () **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**
() **Yes, I can drive (to / from) this activity; I can haul the troop trailer**

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 email (tom@arneberg.com) or see the www.troop72.com web page.