


It's always fun with  *more than one!*

Scooter Christensen

Special K Daley

**Big Groups,
Big Savings!**

THE ORIGINAL
**HARLEM
GLOBETROTTERS**

www.harlemglobetrotters.com



Scouting Activity
Save \$7 per ticket! All tickets just \$14

(Adults & Children same price. Ages 2 & up require a ticket.)

SPECIAL SCOUT PATCHES AVAILABLE @ \$.50 EACH

**Wed, April 8
7PM**

**Eau Claire North High School
1801 Piedmont Rd. - Eau Claire, WI**

Don't Miss the Hoop-la!

Enter the doors early to attend our pre-game session of Globetrotter University, promoting healthy lifestyles through the S.P.I.N. (Some Playtime is Necessary) program. Enter main entrance.

Doors open at 5:00pm. Event begins at 5:30pm.

General Admission Seating

ORDER FORM — Adults & Children same price. Ages 2 & up require a ticket.

Yes, we want tickets for the Harlem Globetrotters in Eau Claire, WI

Tickets and patches will be mailed
from Harlem Globetrotters office.

General Admission Seating

_____ Tickets (Reg. \$21) @ \$14 \$ _____
(Price includes all applicable per ticket fees)

_____ Scout Patches @ \$.50 each \$ _____

Handling Fee per order \$ 4.00

TOTAL AMOUNT ENCLOSED \$ _____

Make cashier's check or money order only payable to:

Cyndee Young Group Sales

(Postal money orders are not accepted)

Charge my credit card ☐ Visa ☐ MC

Deadline for Check orders - checks must be received in CYGS office
by Wednesday, March 25, 2009

Credit cards only after that date. Deadline for Credit Card orders
Wednesday, April 1, 2009

Cyndee Young Group Sales

1703 Rosewood Dr.

Wooster, OH 44691

Credit card charges may be faxed to:
(330) 262-9800

For additional information:

Phone: (330) 262-9790

E-Mail: cygroups@sssnet.com

All orders received in CYGS office after Friday,
March 27, 2009 will be held in Will Call

Name for will call orders _____

(You will need a photo ID when picking up your tickets on game day)

Card # _____ Exp. Date _____

Signature _____ Name on Card (Please Print) _____

Scouting Activity

Name _____ Day Phone (____) _____

Address _____ Night Phone (____) _____

City _____ State _____ Zip _____ E-Mail _____

For Office Use Only Date Processed _____ Check Number _____ Order # _____

Date Filled & Initial _____

Date Mailed _____

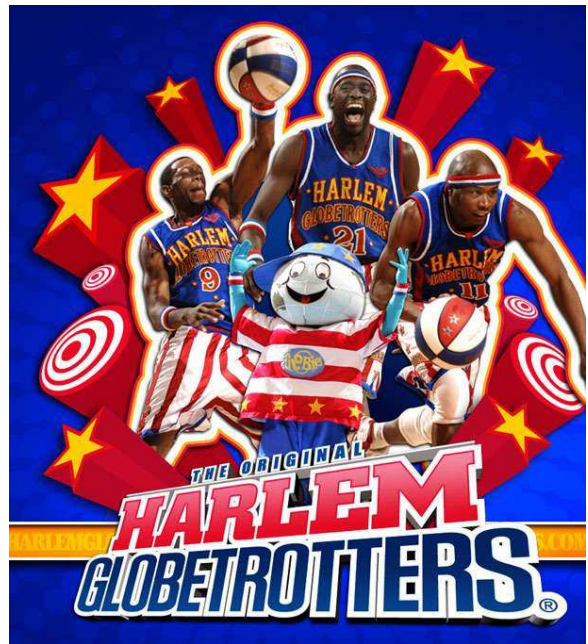
Seat Location _____

Activity: Harlem Globetrotters
Location: North High School
Dates: Wednesday, April 8, 2009
Departure: 5:45 p.m., CVBC
Est. Return: ?? p.m., CVBC (we'll call)
COST: \$15.00 (tickets, patch, order fee)
(FOOD IS ON YOUR OWN!)

Emergency contact: Tom Arneberg's cell phone: 715-404-0582

Details: The Harlem Globetrotters are coming to town! Normal tickets are \$21 each, but Scouts get a special discount. See the troop web page for more info on this event.

Retain the above information and return the form below with any money by **Monday, March 30**. If you can't meet us at church by 5:45 on April 8, you could meet us at North High School (but make sure we know). Let me know if you can help drive, since we're not sure yet if we can get the 15-passenger vans.



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Harlem Globetrotters at North High School

Dates: Wednesday, April 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.

- () 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.