

Activity: 52-mile Bike Ride on Chip. River Trail
Location: Chip.Falls -> Brunet Island and back
Dates: Fri-Sun, Aug. 20-22, 2010
Meet at: 5-6:00 p.m. Friday at CVBC
Est. return: 2-4 p.m. Sun, CVBC
Cost: \$17 (5 meals, \$5 camping/patch)



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

Details: After doing troop bike trips for many years, we're going to share our fun with the whole council! We are heading up a BIKE TRIP CAMPOREE. We'll camp out on the CVBC lawn Friday night with several other troops, then bike up to Brunet Island State Park north of Cornell on Saturday, where Mr. Reams has arranged group camping in the picnic area. Troops will haul their troop trailers with camping/cooking gear from CVBC to the park, so the burden will be light. There will be swimming and an evening campfire at Brunet Island, and we'll bike back to CVBC on Sunday.

We'll be bicycling 95% on paved bike trails, on the Old Abe Trail. The trail is paved and flat, 26 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**. Also, all riders over 16 years old must buy a trail pass to ride on any State trail – it's \$4/day or \$20/year.

Retain the above information and return the form below with any money by **7:00 p.m. Monday, Aug. 16, 2010**. (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 be buying food for the trip that night during the meeting.

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

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

Dates: Fri-Sun, Aug. 20-22, 2010

Fees: \$_____ from boy's account + \$_____ enclosed check* = \$17.00

(*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 (715-726-4074), or see the www.troop72.com web page.