

Activity: SOUTH DAKOTA!

Location: Black Hills, Badlands

Dates: July 30-Aug.6, 2011

Meet at: 7:00 a.m. Saturday, CVBC

Return: 4-6 p.m.(?) Saturday, CVBC

COST: \$150.00 (for food, gas, camping, entert.)

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



Details: This just might be the most exciting trip our troop has ever taken, with the possible exception of BSA High-Adventure bases (open only to older Scouts). We are headed to SOUTH DAKOTA for a WHOLE WEEK! Highlights of the trip will include performing the flag ceremony at Mt. Rushmore in front of 2000 people, Reptile Gardens, some great hiking near Sylvan Lake and Harney Peak, Wind Cave National Park, Wall Drug, and of course the Spam Museum. You'll need to bring some extra money for 4 fast-food lunches during travel, and for any souvenirs you might want to buy. The fee covers all other food, which will be cooked by patrols in campsites. We'll probably have a swimming pool at our campsite most nights!



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

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(make checks payable to "Troop72.com")

Fees: \$_____ from boy's account + \$_____ enclosed check = \$150.00

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:

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? Contact Tom Arneberg (726-4074 or "tom@arneberg.com") or see the www.troop72.com web page.