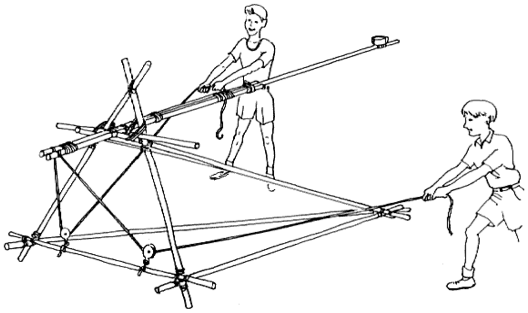
Activity: Mathwigs' Medieval Madness
Location: Mathwig Manor (Fall Creek)
Dates: September 13-15, 2002
Departure: 5:00-5:30 p.m. Friday, CVBC
Est. return: 12:00 noon Sunday, CVBC
COST: $8.00 (for food – four meals)
Emergency contact: Tom A's cell: 715-456-1871



The troop's new SPL (Senior Patrol Leader), Garrett Mathwig, wants to teach all the boys a skill he learned at Junior Leader Training -- how to build real catapults out of trees and lashings! After being built, the weapons will be used for water balloon warfare between the patrols of Troop 72, and then will be on display for the Sept. 22 "Festival of Friendship" at CVBC. Other medieval games include capture the flag, and of course plenty of good ol' camping and cooking in the great outdoors!

Retain the above information and return the form below with any money by Monday, Sept. 9, 2002. (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.) If we don't have the permission slip and the money in our possession by 7:00 p.m. that Monday night, your boy cannot come on the trip. This is only fair to the patrols so that they can buy food and plan accordingly that night.

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Mathwigs' Medieval Madness
Dates: September 13-15, 2002
Fees: $______ from boy's account + $______ enclosed check = $8.00

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, 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 Darin Thomas or Tom Arneberg, or see the www.troop72.com web page.