Activity: Winter Cabin Camping
Location: Fred C. Anderson Scout Camp
Dates: December 13-15, 2002
Departure: 5:30 p.m. Friday, CVBC
Est. return: 12:00 noon Sunday, CVBC
COST: $12.00 ($8 for four meals; $4 for cabin rental)
Emergency contact: Tom A's cell: 715-456-7601

Details: This will be our troop's second trip to "Fred C.". We will again be staying in one big rustic heated cabin. The Fred C. Anderson Scout Reserve is nestled in the scenic bluffs of the St. Croix River near Stillwater, about 90 minutes west of Chippewa Falls. We will NOT be able to park right next to the cabi, s**o boys should try to get all their stuff into a backpack since they will have to hike in a quarter mile or so. (Also, good boots are important.)**

Retain the above information and return the form below with any money by **Monday, December 9, 2002** (If you can't make it to that meeting, **MAIL IT IN** before then to 1900 Eagle Street, Chippewa Falls, WI 54729.) The boys will be doing their own shopping at Pick 'n Save again, so we need a firm headcount that night.

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Winter Cabin Caming at Fred C. Anderson
Dates: December 13-15, 2002
Fees: $_____ from boy's account + $_____ enclosed check = $12.00

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.