Activity: Scout Island
Location: Chippewa Falls
Dates: August 22-24, 2003
Departure: 5:00 p.m. Friday, CVBC
Est. return: 12:00 noon Sunday, CVBC
COST: $8.00 ($8 food for 4 meals)

Emergency contact: Tom Arneberg's cell: 715-456-1871

Details: This will be our troop's third annual campout on Scout Island. This is an island on the Chippewa River, right in the city limits of Chippewa Falls! It is owned by another troop in town, who gives us permission to use it. Scout Island is a great place to work on Totin' Chip skills (ax, saw, knife), fire-building skills, as well as to do some fishing and swimming.

Retain the above information and return the form below with any money by **Monday, August 18, 2003**. (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.) We will be buying groceries that night during the meeting.

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Scout Island in Chippewa Falls
Dates: August 22-24, 2003
Fees: $______ from boy's account + $______ enclosed check* = $8.00
(*make checks 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 Darin Thomas at 720-7823, or see the www.troop72.com web page.