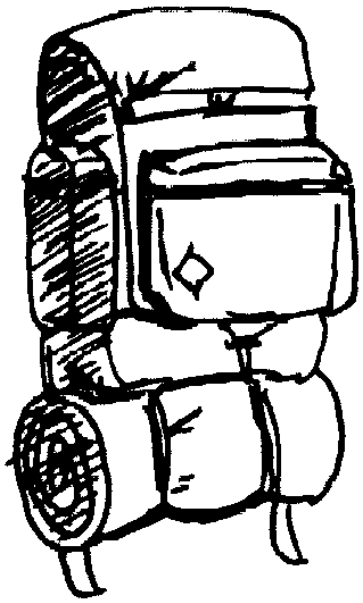
Activity: Fall Backpacking
Location: Near Medford, WI (?)
Dates: Sat-Sun, Oct. 25-26, 2003
Meet at: 7:30 a.m. Saturday, CVBC
Estimated return: 4-5:00 p.m. Sunday, CVBC
COST: $8.00 (for food; boys will cook by patrol)
Emergency contact: Tom Arneberg's cell phone -- **456-1871**



Details: This will be our troop's third real backpacking trip. **This trip is not for everyone!** Each person going on the trip will have to carry all his personal gear, clothes, water, cooking gear, tents, and food in his backpack. We will be hiking in several miles and camping in a wilderness setting. This one is for experienced campers, not for beginners.

The PLC (Patrol Leaders Council) has set the criteria for this trip:
(1) You must hold a rank of **Second Class** or above;
(2) you must have been on at least **two tenting campouts** with Troop 72;
(3) you must have a **good backpack with a padded hip belt** capable of carrying all your gear and food.

If you don't meet (1) or (2) but you think you can make it anyway, the PLC will consider exceptions presented to them. In any case, permission slips are due in by 7:00 p.m. the Monday before we leave, so we can buy food and plan and pack everything up. We will meet at church at 7:30 a.m. Saturday for a free hot breakfast with the Men's Breakfast group at CVBC, then leave church around 8:00 a.m. Return time Sunday depends on weather!

Retain the above information and return the form below with any money by **7:00 p.m. Monday, Oct. 20, 2003.**

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Activity: Fall Backpacking near Medford, WI
Dates: Sat-Sun, Oct. 25-26, 2003 *(make checks payable to "Troop 72")*
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 Tom Arneberg or Darin Thomas, or see the www.troop72.com web page.