Activity: Winter Cabin Camping
Location: Fred C. Anderson Scout Camp
Dates: January 2-4, 2004
Departure: 2:00 p.m. Friday, CVBC
Est. return: 2:00 p.m. Sunday, CVBC
COST: $15.00 ($11 for six meals; $4 for cabin rental)
Emergency contact: Tom A's cell: 715-456-4471

Details: This will be our troop's third trip to "Fred C.". This time, instead of one big cabin, each patrol will get their own 8-man cabin (the "Adirondacks"). Each cabin has 8 bunks, a picnic table, a gas heater, and a stove, so each patrol will be independently responsible for cooking their own meals. 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 cabin, s**o boys should try to get all their stuff into some type of backpack since they will have to hike in a quarter mile or so. (Also, good boots are important.)** The Woodcarving Merit Badge will be taught to anyone interested that weekend, and there will be plenty of time for hiking, sledding, fire-building, cave exploring, advancements, and goofing off.

Retain the above information and return the form below with any money by 7:00 p.m. **Thursday, January 1, 2004**. (Better to turn it in sooner, if possible.) Each patrol leader or his delegate will be buying food for his patrol on Thursday night or Friday morning, so we need a firm headcount by Thursday.

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Winter Cabin Caming at Fred C. Anderson
Dates: January 2-4, 2004
Fees: $______ from boy's account + $______ enclosed check = $15.00

(make checks payable to "Troop72.com")

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.