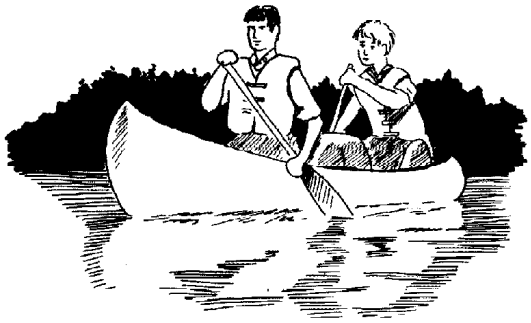
Activity: Canoeing the Flambeau
Location: Flambeau River, N. Wisc.
Dates: July 29, 2004
Departure: 7:00 a.m. Thursday, CVBC
Est. return: 8-9 p.m. Thursday, CVBC
COST: $16.00 (supper and equipment rental)



Emergency contact: ?
Details: This year's canoe trip will be only a one-day trip, and will be on a weekday, since the weekends seem to be all booked up! **(NOTE: if a boy did not pass the BSA swimmer test, then he must ride in a canoe with an adult.)**

Retain the above information and return the form below with any money by **Monday, July 26, 2004**. (If you can't make it to that meeting, **MAIL IT IN** to 531 E. Sout Ave., 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 6:45 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.

Boys must eat breakfast at home, and bring a sack lunch. They'll cook supper.

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Canoeing on the Flambeau River in Northern Wisconsin
Dates: July 29, 2004
Fees: $_____ from boy's account + $_____ enclosed check* = $16.00

(*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.