Activity: Spring Backpacking
Location: Ice Age trail (near Cornell)
Dates: Fri-Sun, May 13-15, 2005
Meet at: 5:00 p.m. Friday, CVBC
Estimated return: 4-6 p.m. Sunday, CVBC
COST: $10.00 (for food; boys will cook by patrol)
Emergency contact: Tom Arneberg's cell phone – **715-210-2684**

Details: We're not entirely sure yet of our destination for this trip, but we'll probably head to some new wester sections of the Ice Age trail that we've never seen before. 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.

You must have a **good backpack with a padded hip belt** capable of carrying all your food and water and gear (including sleeping bag, tent, etc.). The troop now owns a couple of loaner backpacks. To encourage boys to buy their own backpack, first priority for borrowing a troop backpack (after we have at least two adults) goes to a boy who hasn't borrowed the troop backpack before, then to any other first-year scout, then to any other boy. (In case of ties, priority goes to the boy with higher rank or position.) Troop backpacks are available for purchase at any time, so if you try one and like it, it can be yours for future expeditions.

Permission slips are due in by 6:30 p.m. the Monday before we leave, so we can buy food and plan and pack everything up. We will meet at church at 5:00 p.m. (?) Friday and try to leave immediately to make camp before dark, so make sure you're packed up (including water) before then. Return time Sunday depends on weather and fatigue! (We'll call.)

Retain the above information and return the form below with any money by **6:30 p.m. Monday, May 9, 2005.**

Boys **MUST WEAR THEIR CLASS A UNIFORMS for travel to and from the trail!**

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Activity: Spring Backpacking on the Ice Age Trail (near Cornell)
Dates: Fri-Sun, May 13-15, 2005 *(make checks payable to "Troop 72.com")*
Fees: $____ from boy's account + $____ enclosed check = $10.00

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:

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.