Activity: "Scout Island"
Location: Chippewa Falls
Dates: Fri-Sun, May 27-29, 2005
Meet at: 5:00 p.m. Friday, CVBC
Return: 11:45 a.m. Sunday, CVBC

COST: $8.00 (for food; boys will cook by patrol)
Emergency contact: Tom Arneberg's cell phone – **715-210-2684**

Details: This will be our troop's fourth 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. Some boys may also choose to drive up to Cornell for a few hours on Saturday, to work on some Ice Age Trail clearing for one of our scout's Eagle project.

Retain the above information and return the form below with any money by **Monday, May 23, 2005**. (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. (Yes, it's Memorial Day, but we need to buy groceries sometime, so Monday night is as good as any time...)

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Activity: "Scout Island" in Chippewa Falls
Dates: Fri-Sun, May 27-29, 2005 *(make checks payable to "Troop72.com")*
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:

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.