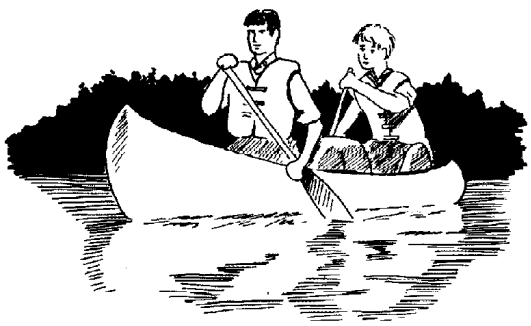
Activity: Canoeing on the St. Croix
Location: Taylor's Falls -> Wm. O'Brien
Dates: July 13-15, 2006
Departure: 5:00 p.m. Thursday, CVBC
Est. return: 4-9 p.m. Saturday, CVBC
COST: $35.00 ($10 food + $25 canoe rental)
Emergency contact: Tom Arneberg's cell: 715-523-1300



Details: This will be our troop's first trip back on the good ol' St. Croix since 2003. (The St. Croix is a National Scenic Riverway lined by lush forests, stunning cliffs, and dozens of deserted islands.) The scouts will be canoeing about 17 miles on the scenic St. Croix River, from Taylor's Falls, MN to William O'Brien State Park. We will camp out Thursday in a State Park, then get our rental canoes on the river as soon as possible Friday morning so we can secure a good island to camp on Friday night.

Retain the above information and return the form below with any money by **Monday, July 10, 2006**. (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 need to know our final headcount so we can buy groceries that day. (NOTE: the actual 2-day rental cost is $70 per canoe, or $35 per person, but I plan to bring along my two canoes to reduce the average cost.)

– - - - - - - - - - - - - - - - - (cut here; return bottom portion) -

Canoeing on the St. Croix (Taylor's Falls -> Wm. O'Brien)
Dates: July 13-15, 2006
Fees: $_____ from boy's account + $_____ enclosed check* = $35.00

(*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 Tom Arneberg at 726-4074, or see the www.troop72.com web page.