

Activity: Winter Cabin Camping
Location: L.E. Phillips Scout Camp
Dates: March 16-18, 2007
Departure: 6:00 p.m. Friday, CVBC
Est. Return: 12:00 noon Sunday, CVBC



COST: \$15.00 (\$8 for four meals; \$7 for cabins)

Emergency contact: Camp office, 715—234-1147
 or Tom Arneberg's cell phone: 715-529-1536

Details: We get to do one more cabin-camping weekend this season. This time it will be at L.E. Phillips Scout Reservation, which is only an hour's drive up Highway 53 just past Rice Lake. Our cabin this time will have a wood fireplace! Hopefully the PLC will be planning some great activities for the weekend. With several lakes inside camp boundaries, we might even be able to do some ice fishing if the ice is still thick enough!

Retain the above information and return the form below with any money by 7:00 p.m. **Monday, March 12, 2007**

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

Winter Cabin Camping at L.E. Phillips

Dates: March 16-18, 2007

Fees: \$ _____ from boy's account + \$ _____ enclosed cash/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 Tom Arneberg (726-4074) or see the www.troop72.com web page.