

Activity: Art Merit Badge; Twins Game
Location: Minneapolis, Minnesota
Dates: Friday, July 20, 2007
Departure: 9:00 a.m. Friday, CVBC
Est. return: 11:00 p.m. Friday, CVBC
COST: \$14.00



(\$0 museum + \$7 Twins Game + \$7 gas; bring your own food)

Emergency contact: ?

Details: The Minneapolis Institute of Arts is a free art museum in Minnesota, and offers tours all year round. This would be a great opportunity to get some of the many requirements of the Art Merit Badge. We will spend an enjoyable day there, with a free tour and counseling with Mrs. Schaller. Later that night, we will go to the Metrodome for a Twins baseball game. Bring your gloves! (Balls have been known to "fly" right next to you!) We will try to get you there in line with enough time to get a free bobble head. We will be in line for a long time, so bring a ball with your glove and we can play in the parking lot. (P.S. -- we may need another driver. Please call Julie Schaller at 726-9009 if interested.)

Later, scouts are invited to the Schallers' House for "Art Class" with Mrs. Schaller, an art teacher in the Eau Claire Area School District, where we will work with four different mediums and finish the rest of the requirements. For more info, see troop72.com.

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Art Merit Badge and Twins Game

Dates: July 20, 2007

Fees: \$_____ from boy's account + \$_____ enclosed check* = \$14.00

(*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 Julie Schaller at 726-9009, or see the www.troop72.com web page.