



## River Valleys Alumnae Association Adult Enrichment Weekend

### Northwoods Program Center

Delta, Wisconsin  
February 2-5, 2023



All registered Girl Scout female adults in the River Valleys Council area are invited to join us for a weekend filled with friendship, activities and fun.

Get your blood pumping with some great outdoor activities like snowshoeing, cross-country skiing, sledding and night hikes or feel free to stay in the warm troop house and relax. Other activities include (but are not limited to) working on your own projects, (knitting, crocheting, paper crafting, etc) card games, board games, reading and whatever else you can dream up. We generally plan a crafting project that includes supplies and instructions.

We will be looking for volunteers for driving, cooking and clean-up. If everyone works together we can all enjoy a great time together!

**Depart:** Friday, February 3 (\$55.00)  
(Departure times to be determined by individual carpools)  
This fee covers indoor lodging at the troop houses and 4 meals (breakfast, lunch and dinner on Saturday; brunch on Sunday).  
OR  
Thursday, February 2 (\$65.00)  
Participants choosing the additional day option will get 3 meals on Friday also.

**Return:** Sunday, February 5 (time to be determined by individual carpools)

**Cost:** Payment due by Monday, January 16, 2023

Hot chocolate will be available throughout the weekend. Milk, water, coffee and juice will be available at each meal.

Carpools will be arranged if desired. Please be considerate of your volunteer driver and help with transportation costs.

A suggested pack list will be emailed/mailed after the registration deadline.

(We currently have one troop house reserved. Registration will be limited to the first 20 reservations. If more than 20 people register we will try to obtain a second troop house.)

If you have questions regarding the weekend call Mary Selby at 651-489-4177 or email at [mkselby@comcast.net](mailto:mkselby@comcast.net).

Mary Selby  
1404 Albemarle  
St. Paul, MN 55117  
651-489-4177

**River Valleys Alumnae Association Adult Enrichment Weekend  
Registration Form**



**Mail forms and payment (check payable to RVAA) to:**

Mary Selby, 1404 Albemarle St., St. Paul, MN 55117

Payment due by Monday, January 16, 2023



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Email address \_\_\_\_\_

What time do you prefer to leave? Thursday 2:00 p.m. 3:00 p.m. 4:00 p.m. 5:15 p.m.  
Friday 2:00 p.m. 3:00 p.m. 4:00 p.m. 5:15 p.m.

Are you willing to drive your vehicle? Yes No

How many people plus gear can you take? \_\_\_\_\_

People you know that are going that you would like to ride with \_\_\_\_\_

Skill/talent(s) you might be willing to share \_\_\_\_\_

Any suggestions for meals? \_\_\_\_\_

Do you have any dietary restrictions? \_\_\_\_\_

Sleeping accommodations in the Troop House is bunk beds. Are you willing/able to sleep in an upper bunk? Yes No (Circle one)

## Health History / Information Sheet

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Date of Birth (mo/yr) \_\_\_\_\_

In the event of an emergency, please call: (name/relationship) \_\_\_\_\_

Phone (home) (\_\_\_\_) \_\_\_\_\_ (cell) (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

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### Health History

Physician Name \_\_\_\_\_

Office Phone (\_\_\_\_) \_\_\_\_\_ Date of last health exam (mo/yr) \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Illness and Injuries (check those that apply):  asthma  measles (3 day)  ear infection  
 mumps  diabetes  convulsions  measles (2 weeks)  heart disease  kidney disease

Date of last tetanus shot (mo/yr) \_\_\_\_\_ Immunizations up to date (circle) yes no

Are you currently under a physician's care or dealing with an on-going medical issue (physical/emotion/ psychological)?  yes  no If yes, please explain. Be sure to include any medication taken on a regular or as needed basis.

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Allergies (check those that apply and give specifics):

Animals (specify) \_\_\_\_\_  Insect stings (specify) \_\_\_\_\_

Plants (specify) \_\_\_\_\_  Hay fever (specify) \_\_\_\_\_

Penicillin \_\_\_\_\_  Pollen (specify) \_\_\_\_\_

Food \_\_\_\_\_  Other drugs (specify) \_\_\_\_\_

Other \_\_\_\_\_

Please note any dietary restrictions (include food allergies)

I give my permission for the adult in charge to obtain emergency medical treatment for me at area hospitals/medical centers.

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Signature