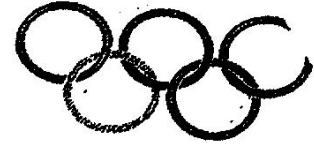




Creep-O-Ree

PHANTOM LAKE YMCA CAMP
Mukwonago, Wisconsin
November 2-4, 2018



Theme:

Greek Olympics

Activities:

Inflatable Ninja course
Archery
Field games
Costume Contest
Team competitions
Dance & Movies

Cooking:

Camp prepare Fri. Cracker
Barrel, Sat. Break, Lunch, &
Supper Cold Sunday Break

Facilities:

Cabin Bunk House

Parents are always welcome!
Leadership -Terry Hoepfner

Bring:

Costumes
Flashlight
Sleeping Gear
Personal Gear (toothbrush, etc)
Warm Clothing
Rain Gear

Pls circle adult shirt size on PS

Don't Bring:

Cell Phones
Electronics
Sheath Knives
Fireworks
Uniform



Fees:

Because we were just notified of the event
Registration is due in the scout office on
Monday, Oct 8th so.....

1. Notify Mr. Hoepfner by Sunday, Oct 7th that you are coming and your shirt size
2. Bring \$40 fee & PS to the meeting on Oct 9th
3. Those missing the Sunday call should bring \$45 late fee if participating

Emergency Numbers

Jerry Langenecker 414-573-9724

Travel Plans:

Meet at St. John's Friday: 5:30 pm
Return to St. John's Sunday 11:00 am

Call reservation to Mr. H Sunday Oct 7th with
Shirt Size
Return PS Oct 9th with fee making checks
payable to Terry Hoepfner

Potawatomi County Council Troop 16

Boy Scouts of America

I hereby grant permission for my son, _____ to go to the Creep-O-Ree
under the leadership of Terry Hoepfner. Meet at St. John's Friday:5:30 pm Return to St. John's Sunday 11:00 am.

Please circle adult shirt size: Small- Medium- Large- XLarge

- | | |
|--|---|
| <input type="checkbox"/> Father/Mother will go | <input type="checkbox"/> We can transport _____ persons including driver |
| <input type="checkbox"/> Father/Mother will not go | <input type="checkbox"/> Any condition now requiring medication or treatment: |
| <input type="checkbox"/> Father or Mother can drive out | _____ |
| <input type="checkbox"/> Father or Mother can drive back | |

During this time, I may be reached at:

Address *City* *Phone*

In the event I cannot be reached and emergency medical treatment is required, you may contact:

_____ **OR**
Name *Phone*

You may authorize medical authorities to prescribe such Treatment.

Date ____ / ____ / ____ Signed _____

Call reservation to Mr. H Sunday Oct 7th with Shirt Size
Return PS Oct 9th with fee making checks payable to Terry Hoepfner