



Creep-O-Ree Camp Long Lake November 4 – 6, 2022



Theme:

“Survivor” TV show

Activities:

- Fun-filled weekend focusing on camping, team building, and fellowship
- Dance on Saturday night
- Contests for best costume (individual and Troop) and best themed campsite (decorations)

Cooking:

- Friday cracker barrel and Saturday meals at camp dining hall
- Sunday cold breakfast by Troop

Leadership:

Terry Hoepfner

Parents are always welcome to participate!

Bring:

- Warm clothes
- Rain gear
- Tent
- Flashlight
- Sleeping Gear
- Personals (toothbrush, etc.)
- Costume
- Campsite decorations

Don't Bring:

- Cell Phones (youth)
- Electronics
- Sheath Knives
- Fireworks



Fees:

- \$30 per person if paid by Sept 13
- \$40 if paid by Sept 30
- \$50 on or after Oct 1

Please indicate adult T-shirt size when you return the permission slip.

Travel Plans:

Meet at St John's on Fri, Nov 4 at 5:30 pm
Return to St John's on Sun, Nov 6 at 11:30 am

Emergency Contacts:

Terry Hoepfner 262-309-8497

Return permission slip and \$30 fee by Tuesday, Sept 13, 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 **Camp Long Lake Creep-O-Ree** under the leadership of Terry Hoepfner. Meet at St. John's on Friday, Nov 4 at 5:30 pm and return to St. John's on Saturday, Nov 6 at 11:30 am.

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

Circle T-shirt size: Med Lg XL 2XL (adult sizes)

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 _____

Return permission slip and \$30 fee by Tuesday, Sept 13, making checks payable to Terry Hoepfner.