

# DANIEL BOONE CAMPOUT

APRIL 26-28, 2019

The address of the Daniel Boone club is:

4694 Hwy 167 Hubertus 53033

### Activities:

- .22 single shot rifle shoot
- Rank advancement
- Saturday afternoon games
- Saturday night star hike



### Bring:

- scout book
- flashlight
- sleeping gear
- vit'l kit and cup
- personals (toothbrush, etc)
- Rain gear
- tent

*We will cover safety concerns Friday night at Daniel Boone for shooting .22's on Saturday.*

### Cooking:

- *BTDT* *SUN BREAK*  
Patrol will cook a meal for the whole troop
- *FIRST CLASS COOKING GROUPS PREPARE SAT MEALS*  
*GROUP MEMBERS SHARE FOOD COST*
- \$15 per person

### Don't Bring:

- electronics
- uniforms
- fireworks
- sheath knives
- cell phones (adults)
- guns (they will be provided)

Includes: transportation, camp fee, shooting program, & Sun Breakfast

### Travel plans:

- Meet at St. John's Friday, April 26<sup>th</sup> at 5:30 pm
- Return to St. John's Sunday, April 28<sup>th</sup> at 12:00 pm

Leadership: Terry Hoepfner

### Emergency Contacts:

Joe McGrath (414) 803-5211

Return permission slip, shooting permission slip and check made payable to Terry Hoepfner by Tuesday April 23<sup>rd</sup>.

Potawatomi County council Troop 16 BSA

I hereby grant permission for my son, \_\_\_\_\_ to go on the Daniel Boone campout, April 26<sup>th</sup> – April 28<sup>th</sup>, 2019, under the leadership of Terry Hoepfner.

- ( ) Father/Mother will not go ( ) Father/Mother will go
- ( ) Father/Mother can drive out to Daniel Boone on Friday, April 26<sup>th</sup>
- Father/Mother can transport \_\_\_\_\_ persons
- ( ) Father/Mother will transport back to St. John's on Sunday, April 28<sup>th</sup>
- Father/Mother can transport \_\_\_\_\_ Persons

**Any condition now requiring medication or treatment**

\_\_\_\_\_  
During this time I can be reached at:

\_\_\_\_\_  
Guardian name phone

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

\_\_\_\_\_ or

\_\_\_\_\_  
Name phone

( ) You may authorize medical authorities to prescribe such treatments

Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_ signed \_\_\_\_\_

Return this permission slip, shooting permission slip and money by Tuesday April 23<sup>rd</sup>