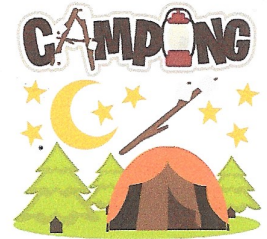




Devil's Lake Hike

Baraboo, Wisconsin

October 9 – 11, 2020



Activities:

- All Day Bluff Hike
- Nature Museum
- Scout Skill Advancement
- Possible Parfrey's Glen hike

Cooking:

- By Patrol
- Cook Sat. breakfast & supper
- Sunday breakfast
- Food Costs shared by participants
- First Class cooking
- Saturday picnic lunch

Camping

- Merry Mac's Campground
- E12995 Halweg Road
- Merrimac, WI

Parents are always welcome!
Leadership - Terry Hoepfner

Bring:

- Scout Book
- Flashlight
- Sleeping Gear
- Tent
- Vit'l Kit & Cup
- Personals (toothbrush, etc.)
- Rain Gear
- Hiking Shoes
- Money for Concessions and Homebound lunch
- Extra Clothes
- Warm Jacket

Don't Bring:

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



Fees:

\$30.00 per person
Includes lunch, transportation, camp fee, patch, and sticker fee

Emergency Numbers

Terry Hoepfner 262-309-8497
Merry Mac's Camp 608-493-2367

Travel Plans:

Meet at St. John's Friday 5:30 pm
Return St. John's Sunday 3:00 pm

Covid-19 protocol will be in place.

Return permission slip and \$30 per person by Tuesday, October 6, 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 Devil's Lake Hike under the leadership of Terry Hoepfner. Meet at St. John's on Friday Oct 9 at 5:30 pm. Return to St. John's on Sunday Oct 11 at 3:00 pm.

- | | |
|--|---|
| <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 _____

Return permission slip and \$30.00 per person by Tuesday October 6, making checks payable to Terry Hoepfner