



# Devil's Lake Hike

## Baraboo, Wisconsin

### May 20 to 22, 2022

**Activities:**

All day bluff hike  
 Dutch oven cooking  
 Scout skill advancement  
 Campsite games

**Cooking:**

By Patrol  
 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

**Fees:**

\$35.00 per person  
 Includes food, transportation, and  
 camping expenses

**Emergency Numbers**

Terry Hoepfner 262-309-8497  
 Bill Selle 262-442-0018  
 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

**Return permission slip and  
 \$35 per person by Tuesday, May 10,  
 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, May 20 at 5:30 pm. Return to St. John's on Sunday, May 22 at 3:00 pm.

- |  |   |
|--|---|
| <input type="checkbox"/> Father/Mother/Guardian will go        | <input type="checkbox"/> We can transport _____ persons including driver      |
| <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 | _____   |

**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 \$35.00 per person by Tuesday, May 10 making checks payable to Terry Hoepfner**