



Elroy – Sparta Bike Hike

June 3 – 5, 2022



Fees:

\$35.00 per person
(includes Saturday breakfast, camping fees, & transportation)

Activities:

- Camp at Wanna Bee Campground in WI Dells Friday night
Phone 608-253-3122 (Swim & game room)
- Paul Bunyan Restaurant breakfast Saturday
- Bike 50 miles over 2 days
- Saturday bag lunch on the trail (**bring your own**)
- Saturday night campout at Norwalk City Park
- Fast food lunch on Sunday (**pay for your own**)
- Some vehicles meet bikes along trail

Cooking:

- Individual or group cooking
- Saturday supper - bring own food & gear to cook.
Be creative: no hot dogs, brats, or hamburgers.
- Sunday breakfast - cooking is optional.

Emergency Contacts:

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

Leadership:

Terry Hoepfner
Bill Selle

Bring:

- Bike (at least 10 speed recommended)
- Bike helmet
- Tent and ground tarp
- Rain gear & cap
- Extra clothes
- Sleeping gear
- Flashlight
- Sunblock
- Bug spray
- Food for Sat. supper & Sun. breakfast
- Cooking & eating gear
- Swimsuit & Towel
- Scout Handbook
- Saturday bag lunch
- Extra money (Fri. games & snack, treats along the trail, & Sunday lunch)

Don't Bring:

- Electronics
- Sheath knives
- Fireworks
- Cell phones
- Uniform

**Parents are always
welcome to ride or drive!**

Travel Plans:

Meet at St. John's Friday at 5:30 PM.
Return to St. John's Sunday at 6:00 PM.

Return PS and \$35 fee by May 24, making checks payable to Terry Hoepfner

Potawatomi Area Council Troop 16

Boy Scouts of America

I hereby grant permission for my son, _____ to go to **Elroy-Sparta Bike Hike, June 3-5, 2022** under the leadership of Terry Hoepfner. **We expect to meet at St. John's on Friday, June 3 at 5:30pm and return to St. John's on Sunday, June 5 at 6:00pm.**

- | | |
|--|---|
| <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"/> We can transport _____ bikes by rack or trailer |
| <input type="checkbox"/> Father/Mother/Guardian can drive out | <input type="checkbox"/> Any condition now requiring medication or treatment: |
| <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 fee by May 24, making checks payable to Terry Hoepfner