



Elroy - Sparta Bike Hike

June 1st - 3rd, 2018

Activities:

Bike 64 miles over 2 days
Camp at Wanna Bee Campground in Dells
Friday Phone 888-782-2672 (Swim & game room)
Paul Bunyan's breakfast Saturday
Saturday bag lunch on the trail (bring your own)
Fast food lunch on Sunday (pay own)
Some vehicles meet bikes along trail & carry equipment

Cooking:

Individual cooking - or groups are fine.
Saturday Supper - bring own food & gear to cook
Be creative, no hot dogs, brats, or hamburgers.
Sunday Breakfast - cooking is optional.

Fees:

\$30.00 per person (includes Sat. Breakfast, fees, & some transportation).
If money is the only reason for not going check with Mr. H.

Parents are always welcome!
Leadership - Terry Hoepfner

Bring:

Bike
Bike Helmet
Tent (yours or troop)
Rain gear
Extra clothes
Sleeping gear
Flashlight
Sun Lotion
Bug Spray
Food for Sat. Supper & Sun. Breakfast
Cooking & eating gear
Swimsuit & Towel
Handbook
Saturday bag lunch
Extra money (Fri. games & snack, treats along the trail & Sunday lunch)

Adult Emergency Contact:

Godwin D'Souza: 262-424-8615
Jim McCoy: 414-550-4500

Travel Plans

Meet at St. John's on Friday, June 1st at 5:30 pm
Return to St. John's on Sunday, June 3rd at 6:00 pm

Don't Bring Cell Phones, Electronics, Sheath Knives, Fireworks, Uniforms

Return PS and \$30 by Tuesday, May 22nd
Make Checks payable to Terry Hoepfner.



Potawatomi County Council Troop 16

Boy Scouts of America

I hereby grant permission for my son, _____ to attend the **Elroy-Sparta Bike Hike from June 1st to June 3rd** under the leadership of Terry Hoepfner.

Meet at St. John's on **Friday, June 1st at 5:30 pm** and **Return to St. John's on Sunday, June 3rd at 6:00 pm.**

- Father/Mother will go
- Father/Mother will not go
- Father or Mother can drive out
- Father or Mother can drive back
- We can transport _____ persons including driver
- Any condition now requiring medication or treatment: _____

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 May 22nd. Make Checks payable to Terry Hoepfner.