



Elroy - Sparta Bike Hike

May 31st - June 2nd, 2019

Activities:

- Bike 64 miles over 2 days
- Camping at Wanna Bee Campground in Dells
- Friday Phone 888-782-2672 (swimming pool and game room)
- Paul Bunyan's breakfast on Saturday
- Saturday bag lunch on the trail (self-provided)
- Fast food lunch on Sunday (pay own)
- Some vehicles meet bikes along trail and carry gear

Cooking:

- Individual or self-organized group cooking
- Saturday supper- bring your own food and gear to cook
- No hot dogs, brats, or hamburgers
- Sunday breakfast optional **COOK 'EM**



Bring:

- bike
- bike helmet
- rain gear **+CAP**
- extra clothes
- sleeping gear
- flashlight
- Sun lotion
- bug spray
- food **+ COOK GEAR**
- tent
- swimsuit & towel
- Sat. bag lunch
- extra money **(TREATS ON TRAIL AND SUNDAY LUNCH)**

Adult Emergency Contact:

- Mr. Hoepfner: 262-309-8497
- Sally Kalbas: 262-391-1470
- Mr. Langenecker: 414-573-9724

Fees:

- \$30.00 per person (includes Saturday breakfast fees and transportation).
- If money is the reason you aren't going talk to Mr. H

Travel Plans:

- Meet at St. John's on Friday,
- At 5:30 pm, return to St. John's
- Sunday, June 2nd at 6:00 PM

Parents are welcome!
 Leadership - Terry Hoepfner
 - Elijah Kalbas

RETURN P5 + \$30 FEB
BY TUESDAY, 5/21/19
MAKING CHECKS PAYABLE
TO TERRY HOEPFNER

Don't bring

- phones
- Electronics
- uniforms
- Sheath knives
- Fireworks

Potawatomi County Council Troop 16

Boy Scouts of America

I hereby grant permission for my son, _____ to go to the _____

ELROY-SPARTA BIKE HIKE under the leadership of Terry Hoepfner. Meet at St.

John's FRIDAY 5:30 PM Return to St. John's SUNDAY JUNE 2ND 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 Tuesday, 5/21/19 making checks payable to Terry Hoepfner.