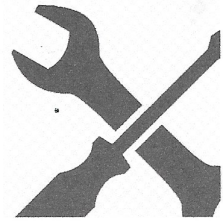


# Nicholas Huebner Eagle Project

W220 S3970 Crestview Ct, Waukesha, WI 53189

Saturday, September 12th



### The Project:

We will be building 3 benches for the Fox River Sanctuary to be placed along the walking trails on the property.

### Bring:

- Safety Glasses
- Work Gloves
- Closed Toe Shoes
- Face Masks
- Drills

### Emergency Numbers

Dan H. (262) 501-7782  
 Nick H. (262) 993-6760

### Travel Plans:

Meet at Nick H. 's house at 10:00AM. Pick up will be at 4:00PM

Lunch will be provided

Parents are always welcome!

### Don't Bring:

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



Return permission slip by Tuesday,  
September 8th,

Potawatomi County Council Troop 16

Boy Scouts of America

I hereby grant permission for my son, \_\_\_\_\_ to go to Nicholas Huebner's Eagle Project under the leadership of Nicholas Huebner. Meet at Nicholas Huebner's House at 10:00 AM on Saturday September 12<sup>th</sup>. Pick up time is at 4:00PM

- |  |   |
|--|---|
| <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 to Nick H. \_\_\_\_\_ by Tuesday, September 8th