



OPENING DAY CAMPOREE

CAMP LONG LAKE

N4350 Boy Scout Rd | St. Cloud, WI

April 16-18



ACTIVITIES

CHOOSE 1 OF 3 OPTIONS

TROOP SHOOT

ARCHERY, RIFLE, TRAP, 5 STAND

MERIT BADGE PALOOZA

SEE MERIT BADGE LIST EMAILED PREVIOUSLY

QUICK START

SCOUT THROUGH SECOND CLASS

BRING:

CLASS "C" UNIFORMS

MASKS

SLEEPING GEAR

WARM CLOTHING

FLASHLIGHT

SCOUT BOOK

PERSONALS (TOOTHBRUSH, ETC.)

TENT

RAIN GEAR

MEALS:

SNACK, BREAKFAST, LUNCH, SUPPER INCLUDED

COLD BREAKFAST ON SUNDAY

FEES:

SCOUTS—\$40, \$50 AFTER 3/1

ADULTS—\$30, \$40 AFTER 3/1

TROOP WILL PAY THE DIFFERENCE

EMERGENCY NUMBERS:

TERRY HOEPPNER 262.309.8497

JEREMY WATSON 760.282.4281

DON'T BRING:

CELL PHONES

SHEATH KNIVES

FIREWORKS

ELECTRONICS



TRAVEL PLANS:

MEET AT ST. JOHN'S FRI-AT 5:30 PM

RETURN TO ST. JOHN'S SUN ABOUT 10:30 AM

PARENTS ALWAYS WELCOME ☀

LEADERSHIP: TERRY HOEPPNER/ZAC WATSON

RETURN PS AND FEE BY TUESDAY, FEB. 23RD.

MAKE CHECKS PAYABLE TO TERRY HOEPPNER

POTAWATOMI AREA COUNCIL | TROOP 16

I hereby grant permission for my son, _____ to participate in the Troop Shoot @Camp Long Lake under the leadership of Terry Hooppner April 16-18, 2021.

() Father/Mother will go

() Father/Mother will not go

() Father/ Mother can drive out

() Father/Mother can drive back

() We can transport _____ persons including driver (with gear or without gear) (please circle)

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 as needed.

Date: ___/___/___ Signed: _____

RETURN PS AND FEE BY TUESDAY, FEB 23RD, MAKING CHECKS PAYABLE TO TERRY HOEPPNER