



Elroy - Sparta Bike Hike

June 2nd – 4th, 2017



Fees:

\$30.00 per person (includes Sat. Breakfast, fees, & some transportation).

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.

Bring:

- Bike (at least 10 speed recommended)
- Bike Helmet (troop has some)
- Tent (yours or troop's)
- Rain gear
- Cap
- Extra clothes
- Sleeping gear
- Flashlight
- Sun Lotion
- Bug Spray
- Food for Sat. Supper & Sun. Breakfast
- Cooking & eating gear (can use troop's)
- Swimsuit & Towel
- Handbook
- Saturday bag lunch
- Extra money (Fri. games & snack, treats along the trail & Sunday lunch)

Emergency Contact:

Bill Rooney 414-688-0133
 Bill Vraney 414-696-8616
 Jerry Langenecker 414-573-9724



Don't Bring:

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

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 \$30 fee by May 23rd, making checks payable to Terry Hoepner

Potawatomi County Council Troop 16

Boy Scouts of America

I hereby grant permission for my son, _____ to go to **Elroy-Sparta Bike Hike, June 2nd-4th, 2017** under the leadership of Terry Hoepner. **We expect to meet at St. John's Friday, June 2nd at 5:30pm and return to St. John's Sunday, June 4th at 6:00pm.**

- | | |
|--|---|
| <input type="checkbox"/> Father/Mother will go | <input type="checkbox"/> We can transport _____ persons |
| <input type="checkbox"/> Father/Mother will not go | <input type="checkbox"/> We can transport _____ bikes by rack or trailer |
| <input type="checkbox"/> Father or Mother can drive out | <input type="checkbox"/> Any condition now requiring medication or treatment: |
| <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 and \$30 fee by May 23rd, making checks payable to Terry Hoepner