



# Horicon Marsh Camp Out Ledge Park

N7403 Park Road Horicon WI 53032

May 17<sup>th</sup> – 19<sup>th</sup> 2019



**Activities:**

Saturday - canoeing and hiking  
Sunday - visit the Horicon Education Museum  
Address: N7725 highway 28 Horicon WI 53032

**Cooking:**

Saturday morning & Saturday evening cooking will be done by patrol  
Sunday will be a cold breakfast  
Cost of food will be divided by its patrol members

**Fees:**

\$20.00 per person includes transportation and camping

**Bring:**

- Hiking Shoes or Boots
- Tent
- Rain Gear
- Cap
- Sleeping Gear
- Flashlight
- Sun Lotion & Bug Spray
- Scout Book
- Class "C" Scout Shirt
- Vit'l Kit & cup
- Personal items (toothbrush etc)

**Don't Bring:**

- Cell Phones
- Electronics
- Sheath Knives
- Fireworks



**Emergency Numbers**

Mr. Heppner 262-309-8497  
David Balzer 262 501 6525

**Travel Plans:**

Meet at St. John's, Friday 5:30 pm  
Return to St. John's Sunday 1:00 pm

**Parents are always welcome  
Leadership - Terry Hoepfner**

**Return PS by Tuesday, May 7th  
making checks payable to Terry  
Hoepfner**

Potawatomi County Council Troop 16

Boy Scouts of America

I hereby grant permission for my son, \_\_\_\_\_ to go to the Horicon Marsh Camp Out under the leadership of Terry Hoepfner. Meet at St. John's Friday May 17th at 5:30 pm. Return to St. John's Sunday May 19th at 1:00 pm.

- |  |   |
|--|---|
| <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 by Tuesday, May 7th making checks payable to Terry Hoepfner**