



# Tapawingo 4-H Camp

## Mishicot, WI

### January 27<sup>th</sup> & 28<sup>th</sup>, 2018

**Activities:**

Winter Sports (Sledding & Skiing)  
 Scout Skills  
 Night Hunt Competition  
 Make a Turks Head Slide  
 Fast Food Sunday Lunch  
 Point Beach Energy Center  
 Saturday Night Movie

**Facilities:**

Lodge with Bunk Beds  
 Ping Pong  
 Meals Prepared by Camp  
 Sledding Hill

Parents are always welcome!  
 Leadership - Terry Hoepfner

**Bring:**

Class "C" uniform for Energy Center  
 Movies (PG 13 or below)  
 Sleds  
 Snowboard, Skies & Helmet  
 Winter Clothes & Boots  
 Scout Book  
 Flashlight  
 Sleep Gear  
 Personals (Toothbrush, etc.)  
 Money for Sunday Lunch

**Don't Bring:**

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

**Fees:**

\$35.00 per person

**Emergency Numbers:**

Jerry Langenecker 414-573-9724

**Travel Plans:**

Meet at St. John's Saturday at 7:00 am.

Return to St. John's Sunday at 3:30 pm.

Return permission slip and \$35.00 per person by Tuesday, January 16<sup>th</sup>, making checks payable to Terry Hoepfner

Potawatomi County Council-Boy Scouts of America Troop 16

I hereby grant permission for my son, \_\_\_\_\_ to go to the Tapawingo 4-H Camp under the leadership of Terry Hoepfner. Meet at St. John's Saturday Jan. 27<sup>th</sup> at 7:00 am. Return to St. John's Sunday Jan 28<sup>th</sup> at 3:30 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 and \$35.00 per person by Tuesday, January 16<sup>th</sup> making checks payable to Terry Hoepfner.