



# YMCA Camp Minikani

## On Amy Belle Lake Hubertus, Wisconsin

January 18 - 20, 2019



**Activities:**

A host of winter outdoor activities lead by camp staff including  
 Sledding  
 Archery  
 Low Ropes  
 Rock Wall Climbing  
 Ice Fishing  
 Snow Shoes  
 Cross Country Skies  
 Wilderness Survival  
 Lots more offered

**Cooking:**

All meals cooked by camp staff

**Facilities:**

Eating in dining hall  
 Heated cabin  
 Inside facilities  
 Bunk Beds

**Parents are always welcome!**  
**Leadership - Terry Hoepner**

**Bring:**

Sled, Boards, & Helmets for SB  
 Indoor Sleeping Gear  
 Flashlight  
 Scout Book  
 Board Games  
 Warm clothes & boots  
 Personals (toothbrush, etc.)

**Don't Bring:**

- Cell Phones
- Electronics
- Fireworks
- Uniforms



**Fees:**

\$40.00 includes cabin, dining & staff lead activities

**Emergency Numbers:**

Minikani 262-251-9080  
 Hoepner 262-309-8497

**Travel Plans:**

Meet at St. John's Fri, Jan 18th 6:00 pm  
 Return to St. John's Sun, Jan 20th 12:00 noon

**Waiver**

Completed & signed waiver is needed for Rock Wall Climbing and Low Ropes course

**Return PS, waiver, and fee by Tuesday, Jan 8th making checks payable to Terry Hoepner**

Potawatomi County Council -Boy Scouts of America Troop 16

I hereby grant permission for my son, \_\_\_\_\_ Age : \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

to go to the YMCA Camp Minikani under the leadership of Terry Hoepner. Meet at St. John's Fri, Jan 18<sup>th</sup> 6:00 pm  
 Return to St. John's Sun, Jan 20th 12:00 noon

- |  |   |
|--|---|
| <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 PS. waiver. and fee by Tuesday. Jan 8th making checks payable to Terry Hoepner**