

BARK RIVER, WI CANOE TRIP

July 27-28

Join us for an overnight excursion to Fort Atkinson, WI to paddle the waters of the Bark River – Cost: $15

TRIP ITINERARY:

* **Friday, July 27th**
	+ 3:00pm – Meet at Hosanna!
	+ 3:15pm – Depart for Fort Atkinson, WI
		- We will be camping in the yard of Valeri’s aunt and uncle’s house (Bill and Joleen Cannon)
	+ 5:15pm – Arrive at Fort Atkinson
* **Saturday, July 28th**
	+ 8:30am – Wake up
	+ 11:00am – Depart for drop off on the Bark River at Princes Point
		- We will be canoeing for 3-4 hours
	+ 5:00pm – Depart for Hosanna!
	+ 7:00pm – Arrive at Hosanna!
		- Note: We will not be stopping for dinner

WHAT TO BRING:

* **Sleeping bag + pillow**
	+ Thermarest/sleeping pad optional
* **Modest pajamas/clothes to sleep in**
* **Toothbrush/toothpaste + toiletries**
* **Comfortable and weather appropriate clothes**
* **Shoes that can get wet (water shoes, sandals, old tennis shoes)**
	+ You will wear these canoeing, so no flip flops
* **Shoes to wear while not canoeing**
* **Paper bag lunch for Saturday (we will have a cooler to keep them cold)**
* **Bible** (Notebook + pen optional)
* **Sunglasses and/or hat**
* **Sunscreen + Bug Spray**

CELL PHONE POLICY:

**Students are welcome to bring their phones on this trip, yet will be *strongly encouraged to leave them at the house* when we go canoeing.**

**Parents/Guardians may get in contact with their son or daughter at any time during the event by contacting Valeri Schuberg (Director of Youth Ministries) at (630) 797-6625.**

**Contact Valeri Schuberg (Director of Youth Ministries) for more information**

**(630) 584-6434 x 111 or** **ValeriS@HosannaChurch.com**

**CHECK-IN ON ACTIVITIES DURING THE TRIP BY VISITING INSTAGRAM.COM/ADHESION\_HOSANNACHURCH**

BARK RIVER, WI CANOE TRIP

[July 27-28, 2018]

Please return completed registration form and $15 to the Hosanna! Church office **NO LATER THAN** **Wednesday, July 25th**

**General Registration Information (one person per form please):**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact and Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies or Dietary Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participation Consent:**

I hereby certify that I give permission for the individual listed above to participate in the High School Overnight with Hosanna! Lutheran Church during the dates described above. I give permission to participate in all trip activities. The participant listed above has been instructed to cooperate with church leaders and adult volunteers and knows that failure to abide by established rules may result in removal from certain activities and, in some cases, being sent home at our expense. I consent to allow appropriate photographic and/or video images to be taken and used to promote future events or activities by Hosanna! Lutheran Church. I also agree to hold Hosanna! Lutheran Church or any directors, employees, or volunteers connected to the trip harmless of any liability related to participation in event activities. By signing this form, I authorize the assigned leaders (whether staff or volunteer) of Hosanna! Lutheran Church, or another designated person, to make decisions in their best judgment regarding any and all medical care. It is understood that effort shall be made to contact the undersigned prior to rendering emergency treatment, but that treatment will not be withheld if the undersigned cannot be reached.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name (Printed)**

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**Parent/Guardian SignatureDate**