



*Celebrating our second 50
years of outdoor
adventure and Christian
fellowship in God's
wonderful creation.*

Pioneer Boundary Waters Voyageur Trip

June 13 - 19, 2020

We will be meeting in Wausau on Saturday, June 13 and then leave for Grand Marais, Minnesota, and then head up the Gunflint Trail. Saturday evening, after our pre-trip dinner at the “legendary” Trail Center restaurant on the Gunflint, we will be camping as a group at the East Bearskin Lake campground in the Superior National Forest. On Sunday we will put in at East Bearskin Lake, Lizz Lake, or the Cross Bay River. A fourth trip, if numbers warrant and there is interest in an alternate route, can still be added. Exit date is Friday, June 16, around noon.

Please Note: Due to the growing popularity of this trip, we will be limiting the size of it to the first 40 people who have registered and paid their minimum \$100 deposit.

Cost: \$200.00 ***(still cheaper than ten years ago)***

“Father/son/daughter” deal: For any father/son and/or daughter combination (or grandfather/grandkids), where one of them is a first-time voyageur, cost will

be \$200 for dad, and \$100 for each offspring that comes along (**\$150 after April 30**).

Trip options: 3 permits booked so far, Cross Bay, East Bearskin Lake, and Lizz – Swamp Lakes

Cross Bay: Master Voyageur Tom Kneser will lead a group south from the Gunflint trail through an area that promises lots of good fishing and wildlife sighting, while paddling some meandering streams and the Cross River, and not too crowded lakes such as Long Island, Frost, and Cherokee, a favorite destination lake by many, before working their way back to their same put-in spot.

East Bearskin: Master Voyageur Jeff Kneser will take a group from the entry of our Saturday night group campsite on a short paddle and a single portage to Crocodile Lake, a lake that had one of the best fishing weeks in recent years by one of our groups. Besides the normal catches of walleye, and both largemouth and smallmouth bass, Crocodile is one of the few BW lakes that has an abundance of large perch. There will be plenty of chances to explore on some day trips, but you may decide to just stay put and enjoy the fishing or basecamping most of the week.

Lizz-Swamp lakes: Black Toque Master Voyageur (20+ trips) Brian Beyer will lead a group that begins at Poplar Lake, travels through many lakes varying in size with lots of fishing and wildlife sightseeing, and great campsites. Some of the lakes you can expect to pass through or stay for a night or two might include Caribou, Horseshoe, Gaskin, Vista, and Winchell.

Includes: A “once in a lifetime” experience you’re going to want to repeat every year. All meals/food (except 2 fast-food travel stops), transportation from Wausau to Ely and back to Wausau, most gear, authentic red, voyageur toque (long, wool stocking cap) or traditional voyageur beret cap, with LP voyageur patch, shower at the end of the trip, and a “Victory” dinner at Sven n Oles Pizza in Grand Marais and dessert at Betty’s Pies in Two Harbors.

Does not include: Fishing license (16 and older), fishing gear, guarantee of perfect weather, personal gear including sleeping bag, and spending money for souvenirs.

For more information, contact: Jeff Kneser; (email) kneser@msn.com, or 715-409-0388

Remember: Participation is limited to the first 40 people who have put down their \$100 deposit and sent their registration forms to:

Jeff Kneser
509 Ross Ave.
Wausau, WI, 54403

Registration forms attached with this flyer

2020 LUTHERAN PIONEER VOYAGEUR TRIP

APPLICATION FORM

June 13 - 19, 2020

Return by May 11, 2020 to:

Jeff Kneser
509 Ross Ave.
Wausau, WI, 54403

Name _____ Train # _____ Phone _____

Address _____ e-mail _____

City _____ State _____ Zip _____

Date of Birth _____ Age (June 1) _____ Ht. _____ Wt. _____ Eyes _____ Hair _____

Name (Guardian) _____ Relationship _____

Name (Guardian) _____ Relationship _____

Home Phone _____ Emergency Phone _____

Have you participated in a previous Lutheran Pioneer Voyageur Trip? _____ Yes _____ No

With this trip, how many Voyageur trips will you have gone on? _____

I Prefer the: Bow Stern Either

Please list and describe other items, besides personal gear, that you can bring along (ex. Tent, canoe paddle, stove, pack, water filter). _____

List the trip options in order of preference you would like to go on: First choice _____

Second choice _____ Third choice _____

PARENT, TRAINMASTER AND PASTOR APPROVAL

The person named on this application is an active member in good standing of Train _____ at _____ Lutheran Church. He has completed all of the requirements for the rank of Frontiersman. I feel this person will be an asset to the Voyageur Canoe Trip. I understand the nature of this trip and recommend the applicant.

Parent (if applicant is under 18) _____ Date _____

Trainmaster (if applicant is under 14) _____ Date _____

Pastor _____ Date _____

APPLICANT SIGNATURE

I have read through the information on this activity and feel that I will be able to meet the requirements and will follow the rules set up by the activity leader.

Applicant's Signature _____ Date _____

Lutheran Pioneer Medical Information Form

(For Minors)

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Family Physician _____ Phone _____ E-mail _____

Who shall we notify if unable to reach the father, mother, legal guardian, or family physician?

Name _____ Relationship _____

Phone _____ E-Mail _____

Medications Needed or Used (Including Psychiatric) (Use back if more room is needed)

Kind	Frequency	Dose
_____	_____	_____
_____	_____	_____
_____	_____	_____

Immunization Record (All must be current) * If 'Yes' Please explain.**

IMMUNIZATION	DATE	IMMUNIZATION	DATE	IMMUNIZATION	DATE
DpaP	_____	Polio	_____	MMR	_____
Hepatitis B	_____	Hepatitis A	_____	Chicken Pox	_____

Is participant having any problems listed:	Yes	No	Please Explain
Hay fever/ Asthma/ Wheezing	_____	_____	_____
Eczema/ Frequent Skin Rash	_____	_____	_____
Convulsions/ Seizures	_____	_____	_____
Heart Trouble	_____	_____	_____
Diabetes	_____	_____	_____
Frequent Colds/ Sore Throat/ Ear Aches	_____	_____	_____
Trouble Passing Urine/Bowel	_____	_____	_____
Shortness of Breath	_____	_____	_____
Speech Problems	_____	_____	_____
Dental Problems	_____	_____	_____
Other _____	_____	_____	_____

Please note any operations or injuries _____

Special conditions to be watched for such as allergy, reaction to food, penicillin, other drugs, bedwetting, fainting, sleep walking. _____

This form must be signed by parent/guardian.

I _____, the parent/guardian of the child listed on this form, living at the address listed above, declare that the information given above is correct. I further authorize and delegate to the medical personnel of this Lutheran Pioneer Voyageur Trip to act for me with full power to obtain medical treatment, including surgery, either by a physician or at a hospital for my minor child listed above and to incur

expenses for such treatment for which I agree to assume full financial liability. This consent shall remain in effect from June 13, 2020 to June 19, 2020.

Dated _____ Signed _____ Relationship _____

Lutheran Pioneer Medical Information Form
(For Adult Participants)

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Family Physician _____ Phone _____ E-mail _____

Who shall we notify if unable to reach the father, mother, legal guardian, or family physician?

Name _____ Relationship _____

Phone _____ E-Mail _____

Medications Needed or Used (Including Psychiatric) (Use back if more room is needed)

Kind	Frequency	Dose
_____	_____	_____
_____	_____	_____
_____	_____	_____

Immunization Record (All must be current) * If 'Yes' Please explain.**

IMMUNIZATION DATE	IMMUNIZATION DATE	IMMUNIZATION DATE
DpaP _____	Polio _____	MMR _____
Hepatitis B _____	Hepatitis A _____	Chicken Pox _____

Is participant having any problems listed:	Yes	No	Please Explain
Hay fever/ Asthma/ Wheezing	___	___	_____
Eczema/ Frequent Skin Rash	___	___	_____
Convulsions/ Seizures	___	___	_____
Heart Trouble	___	___	_____
Diabetes	___	___	_____
Frequent Colds/ Sore Throat/ Ear Aches	___	___	_____
Trouble Passing Urine/Bowel	___	___	_____
Shortness of Breath	___	___	_____
Speech Problems	___	___	_____
Dental Problems	___	___	_____
Other _____	___	___	_____

Please note any operations or injuries _____

Special conditions to be watched for such as allergy, reaction to food, penicillin, other drugs, bedwetting, fainting, sleep walking. _____

This form must be signed by the participant.

I _____, listed on this form, living at the address listed above, declare that the information given is above correct. If I am unable to make a decision, I authorize and delegate to the medical personnel of this Lutheran Pioneer Voyageur Trip the power to act for me to obtain medical treatment, including

surgery, either by a physician or at a hospital and to incur expenses for such a treatment for which I agree to assume full financial liability. This consent shall remain in effect from June 13, 2020 to June 19, 2020.

Dated _____

Signed _____