



*Celebrating our sixth  
decade of outdoor  
adventure and Christian  
fellowship in God's  
wonderful creation.*

# Pioneer Boundary Waters Voyageur Trip

*June 8 - 14, 2024*

We will be meeting in Wausau on Saturday, June 8 and then leave for Ely, Minnesota, to pick up our permits. Saturday evening, we will be staying as a group at the Fall Lake campground in the Superior National Forest, just outside of Ely. On Sunday we will put in at Moose Lake, Snowbank Lake, Fall Lake, or Lake One. Exit date is Friday, June 14. If numbers warrant, a fourth permit can still be booked off one of the other Ely area entries.

***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:** \$225.00 per participant

***“Father/son or daughter” deal:*** For any father/son or daughter combination (or grandfather/grandchild), where one of them is a first-time participant, cost will be \$225 for each returning Voyageur, and \$175 for each son or daughter newcomer that comes along.

**Trip options:** 4 permits booked, Lake One, Moose Lake, Snowbank Lake, and Fall Lake.

**Lake One entry:** Master Voyageurs Tim and Luke Thums will lead this trip through the Number Lakes chain with a goal of reaching Insula, one of the most popular destinations in all of the BW. In 2011, a devastating forest fire swept through part of this area, forcing many of the campsites to close. But recently, nature is reclaiming the area, most of the campsites have reopened, and the people are returning for the new experiences, great fishing, and new adventures.

**Moose Lake:** Master Voyager Trevor Henne will lead a group through Moose, the BW lake that allows for the greatest number of entries per day. With that number, Moose has many options for those travelers to head toward. It is a lake that allows you to travel a good distance with fewer portages. Great opportunities to see high bluffs, wildlife, and many fishing options. One possible destination is Ensign, a lake with many campsites to choose from and great fishing too.

**Fall Lake:** Either Master Voyageurs Brian Beyer and/or Andrew Olson will lead this

group on a loop trip. This trip to lead to a number of smaller, secluded lakes, not too far from the entry, as well as a short distance to Basswood Lake, one of the largest Boundary Waters lakes with direct access to Canada. Endless opportunities for sightseeing, fishing, and campsite selection.

**Snowbank:** Master voyager Jeff Kneser will lead a group planning to do a lot of fishing without having to paddle too far on a string of lakes that will or may include Disappointment (name of the lake, not the experience you will have), Parent, Ima, Jordan, and Boot.

**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), shower at the end of the trip, and a delicious “Victory” dinner at Betty’s Pies in Two Harbors, MN.

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

**For more information, contact:** Jeff Kneser; (email) [kneser@msn.com](mailto: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.

2024 LUTHERAN PIONEER VOYAGEUR TRIP  
**APPLICATION FORM**  
*June 8 -14, 2024*

**Return by May 18, 2024 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. 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 8, 2024 to June 14, 2024.

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 _____

<b>Is participant having any problems listed:</b>	<b>Yes</b>	<b>No</b>	<b>Please Explain</b>
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 8, 2024 to June 18, 2024.

Dated \_\_\_\_\_ Signed \_\_\_\_\_