



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

Pioneer Boundary Waters Voyageur Trip

June 21 - 27, 2025

We will be meeting in Wausau on Saturday, June 13 and then leave for Tofte, Minnesota around noon. Saturday evening we will be staying as an entire group at the Sawbill Lake campground. On Sunday we will put in at Kawishiwi Lake, Sawbill Lake, and possibly Brule Lake, if numbers warrant. Exit date is Friday, June 19, arriving back in Wausau around 10 pm.

Please Note: Once again, we will be limiting the size of the trip to the first 30 people who have registered and paid their minimum \$100 deposit.

Cost: \$240.00 per person.

“Parent/child” deal: For any father/son/mother/daughter combination (or grandfather/grandson, etc.), where one of them is a first-time voyageur, cost will be \$240 for the parent, and \$180 for each first-timer offspring that comes along.

Please Note: While this continues to be a Lutheran Boy Pioneer national activity, girls and women are allowed to participate as guests. Please contact me if you have more questions.

Trip options: 2 permits booked so far, Kawishiwi Lake and Sawbill Lake. A

third permit on Lake Brule can also be reserved if there is enough interest and a third group leader can be found.

From easiest to most difficult, here is a brief description of each trip. Each group will be led by one or more "Master Voyageurs", an adult who has gone on at least 5 or more Voyageur trips.

Sawbill Lake: This trip can start out as a nice loop with short paddles and even a few shorter portages. But along the way, it could also give you some good fishing options through the "fire" chain of lakes, a day trip to see a very unique geological rock formation, or another one to explore a couple of the "Lady Chain" of lakes.

Brule Lake: Brule Lake is a large lake with several campsites with nice, sandy beaches and easy landings. Lots of day trip opportunities, good fishing, and moose sightings are common. For more adventure, you could also extend this trip to Cherokee Lake, one of the most popular destination lakes in the BW.

Kawishiwi Lake: This trip begins on the lake, but soon you'll be switching to the Kawishiwi River and follow it to Polly, Koma, Malberg, and eventually to Fishdance Lake to see the pictographs, and maybe even some cliff jumping. Besides the longer travel, there's great fishing, wildlife sight seeing (hopefully no bears in your camp) and then retracing your trip back to Kawishiwi Lake. This is a trip that has it all.

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 Grand Marais and back to Wausau, most gear, authentic red, voyageur toque (long, wool stocking cap) with LP voyageur pin for the "newbies", shower at the end of the trip, and a "Victory" dinner 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, spending money for souvenirs.

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

(cell) 715-409-0388

Remember: Participation is limited to the first 30 people who have put down their \$100 deposit and sent their registration forms to me.

lead this group which begins on the waterfront of our campground. Sea Gull is a large, but very irregular shaped lake with lots of islands and bays to explore with a fishing rod, paddle, or camera. This trip could include lots of day trips or overnights to area lakes with not too tough portages. Or it might even be a reverse loop of the Sag trip.

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, "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, 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.

Registration forms attached with this flyer

**2025 LUTHERAN PIONEER VOYAGEUR TRIP
APPLICATION FORM
June 21 - 27, 2025**

Return by May 21, 2025 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 21, 2025 to June 27, 2025.

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 21, 2025 to June 27, 2025.

Dated _____

Signed _____