

# SUMMER OUTDOOR ADVENTURE CLUB INC. 2023 ADVENTURES

## MIRROR LAKE STATE PARK

#1: JUNE 27–29 MIKE & ANN

#2: JULY 11–13 JAYLYN

**Ages 10–13.** This three-day camping experience includes kayaking, canoeing, hiking, biking, fishing, swimming and much more. We bike 13 miles from Webb Park in Reedsburg to the state park. There, we have three group campsites. We set up our tents, share cooking and cleanup duties, eat around a central fire ring and then choose what we will be doing until it is time to return to the campsite.

## HIGH CLIFF STATE PARK

JULY 18–20 GABE & FAMILY

**Ages 12–14.** This experience includes hiking, biking, and swimming. High Cliff State Park sits on 1,187 acres near Sherwood, WI. It is the only state-owned recreation area located on Lake Winnebago. The park features:

- Effigy mounds
- Lime kiln
- Observation tower overlooking 125 acres of state natural area



New Option!  
**REGISTER ONLINE**

[www.soacadventures.org](http://www.soacadventures.org)



## BASIC INFO FOR BOTH TRIPS

Trips are for ages 10–13 (Mirror Lake) and 12–14 (High Cliff) with the possibility of older participants coming as assistant leaders—requiring an interview with Mr. Williams. Participants bring their own sleeping bags, tent, knife, fork, spoon, and plate. You may bring cameras and fishing equipment, but no cell phones (campers can use leaders' phones) or electronics are allowed. We provide bicycles. Our goal is to be together and in-tune with nature.

If you have questions, contact Gary Williams  
608-524-2028 | [soacgary@gmail.com](mailto:soacgary@gmail.com)

If you are interested, fill out the form to the right,  
~~and please enclose a minimum of \$25.00 per trip~~  
(total cost is \$100.00 per trip)

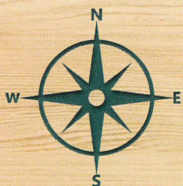
### PARENT MEETING

Wednesday, May 17 | 7 pm  
Pineview Elementary School, Reedsburg

and mail it in by 4/15/23,  
**or apply online.** SOAC will  
confirm enrollment by 4/21/23. If  
confirmed, deposit is due 5/1/23.



EXPLORE. DISCOVER.  
LEARN. LOVE. NATURE.



PLEASE CUT AND SEND TO:

# SOAC

150 8th Street, Reedsburg, WI 53959

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

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

Email: \_\_\_\_\_

Phone No. \_\_\_\_\_

Birth Date: \_\_\_\_\_

Trip (s) you'd like to attend: 1. \_\_\_\_\_

2. \_\_\_\_\_

☐ I will need \$\_\_\_\_\_ in scholarship money.  
(No students will be refused due to financial circumstances.)