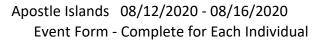
Northeast Wisconsin Paddlers (NEWP, Inc.)





| Participant's Name: | | | |
|---|-------------------|------|--------|
| Address: | | | |
| City: | State: | Zip: | |
| Phone: home: | cell: | | work: |
| ACA # | e-mail : | | |
| Have you taken the NEWP class? | Yes | | |
| Location: | Date: | | |
| Kayak: Make: | Model: | | Color: |
| Bow & stern bulkheads: | Yes | No_ | |
| If No list floatation system: | | | |
| List safety equipment you expect to bring: | | | |
| Contact person & relationship | | | |
| Phone: home: | cell: | | |
| work: | | | |
| Family, friends you would travel or camp with | ٠٠ | | |
| Event(s) you would help with or special skills? | ? Other comments: | | |

Please include the following:

- 1 If NOT a NEWP & ACA member:
 - a. NEWP membership form (\$10 fee)
 - b. ACA membership waiver (\$25 fee)
- 2 This event form
- 3 ACA Event waiver for this event
- 4 Event fee (\$20)
- 5 Make check payable to "NEWP, Inc."
- 6 Mail to: NEWP Treasurer

1247 E Shady Ln Neenah, WI 54956

By: 07/26/2020