

# Northeast Wisconsin Paddlers (NEWP, Inc.)

Apostle Islands 08/12/2020 - 08/16/2020

Event Form - Complete for Each Individual



**Participant's Name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: home: \_\_\_\_\_ cell: \_\_\_\_\_ work: \_\_\_\_\_

ACA # \_\_\_\_\_ e-mail : \_\_\_\_\_

**Have you taken the NEWP class?** Yes \_\_\_\_\_ No \_\_\_\_\_

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: \_\_\_\_\_ e-mail: \_\_\_\_\_

Family, friends you would travel or camp with: \_\_\_\_\_

\_\_\_\_\_

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**