

**BERKSHIRE CHAPTER
CANOE & KAYAK
COMMITTEE**

TRIP ROSTER

LEADER _____ **CO-LEADER** _____ **SECTION** _____ **CLASS** _____
WWRIVER _____ **QUIET WATER LOCATION** _____ **DATE** _____

	AMC MEM	NAME	BOAT K1, C1 OC1, C2, SK	ADDRESS, include zip	TEL #	EMAIL ADDRESS For those who wish to be added to the Berkshire Email paddlers list
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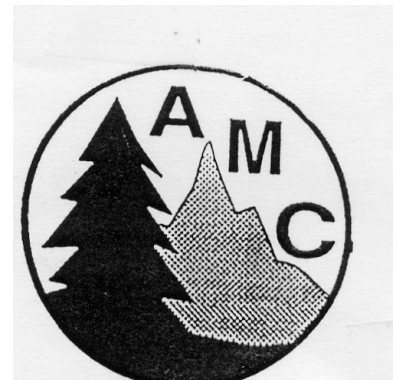
SEE REVERSE SIDE TO RECORD NOTES

SHEET # _____ OF _____

SEND

COMPLETED FORM AND CHECK WITHIN WEEK TO:

**KEN LANGLEY
10 LEAD MINE HILL
LEVERETT, MA, 01054**



MAKE CHECK PAYABLE TO: AMC, BERKSHIRE CHAPTER, CANOE & KAYAK COMMITTEE

1. When filling out the trip roster, get the participant's name, address, zip code and phone number. It is not necessary to fill in this information for those on the BK list of paddlers unless the name, address or phone # is different from that listed.
2. If a paddler on our trip has difficulty, include a note about recommendations you gave the paddler.
3. Make a note about any significant injury that you feel might require **medical attention**. Notify the committee chair ASAP if a participant actually receives medical attention or if such attention was recommended.
4. Note any problems encountered such as new obstacles on the river, or changes in the access at put-in or takeout.

NOTES:

TAKE THE OPPORTUNITY TO ASK OTHERS TO LEAD TRIPS