

WINTER – 2010
TRIP INTEREST SHEET

DATE: ~~March-20~~>21-2010-----TRIP LEADER-----John Rankin-----
 TRIP LOCATION-----Perry Sound-----LEADER --E:MAIL -----jsrankin@rogers.com-----
 DURATION: (Days/Nights) -----2d-1n-----LEADER PHONE# -----705-728-4154-----
 TYPE OF TRIP: -----Snowshoe-----MAX # OF PARTICIPANTS: -----10-----

<u>TRIP INFORMATION</u>	
TRIP LENGTH: -----06k(One Way)-----	OVERALL TRIP RATING:-----Moderately strenuous-----
TOTAL PORTAGE LENGTH: -----NA-----	PORTAGE RATING-- -----NA-----
RIVER RATING: -----NA-----	NUMBER OF PORTAGES-----NA-----
RAPID RATING: -----NA-----	LONGEST PORTAGE: -----NA-----
REQUIRED QUALIFICATIONS & EXPERIENCE: -----Contact John-----	
TRIP LEADER COMMENTS: Walk or Snowshoe to Cabin or Winter camp . Bring your camera.	

BOOKING PERIOD:
 FROM: -----Nov-17-2009-----TO:-----Feb-24-2010-----

PRE TRIP MEETING—March-03-2010 AT JOHNS HOME.

- NOTES:** 1. THIS SHEET IS MEANT TO BE USED FOR INFORMATION PURPOSES AND FOR MEMBERS TO INDICATE INTEREST IN PARTICIPATING ON A TRIP OR OUTING.
2. *** THIS IS NOT A SIGN UP SHEET FOR THE TRIP.TO CONFIRM YOUR PARTICIPATION ON A TRIP YOU MUST CONTACT YOUR TRIP LEADER DURINGTHE BOOKING PERIOD LISTED.***
3. THE TRIP OR OUTING WILL BE BOOKED ACORDING TO THE MAX NUMBER OF PARTICIPANTS LISTED HAVING PRIORITY (*ABOVE THE HIGHLIGHTED LINE SHOWN BELOW*).
4. IF SOMEONE DROPS OUT THEN ALL NAMES ON THE LIST WILL MOVE UP ACCORDINGLY.
5. IN A CASE WHERE A LARGE NUMBER OF PARTICIPANTS SHOW AN INTEREST THE CLUB WILL ATTEMPT TO ARRANGE FOR A SECOND TRIP TO THE SAME OR OTHER DESTINATION ON THE SAME DATE S.(PLEASE BE AWARE THAT ALL TRIP LEADERS ARE VOLENTEERS SO THIS MAY NOT BE POSSIBLE).

MEMBER NAME	CLUB #	PHONE #	E:MAIL
1. <u>John Rankin</u>			
2. _____			
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We require the ASSUMPTION OF RISK AND RESPONSIBILITY FORM be filled out along with the MEDICAL AND EMERGENCY INFORMATION FORM.

Both are to be given to the Leader prior to the trip or outing.(PREFERABLY AT THE PRETRIP MEETING)

Note: None Member guests must sign the WAIVER OF LIABILITY AND RELEASE OF CLAIMS FORM.