

EMERGENCY CONTACT

SURNAME: _____ FIRST NAME: _____
ADDRESS: _____
CITY: _____ PROVINCE/STATE: _____
PHONE #: _____ FAX #: _____
E-MAIL: _____

EQUIPMENT LIST (i.e., tents, canoes, rafts, spray skirt cover, jackets)

Type: _____
Quantity: _____
Colour: _____
Make: _____
Model: _____
Serial #: _____

Type: _____
Quantity: _____
Colour: _____
Make: _____
Model: _____
Serial #: _____

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