North West Rafters Association

www.nwwhitewaterrafting.org

NWRA TRIP ROSTER

Date: ___ /____ /____ Trip/Class: _____

Trip Leader (s): _____Phone #_____

Print Name	Phone #	Email	NWRA Member?	Medical Issue?

AFTER TRIP MAIL TO: Secretary NWRA 508 W. Maple St. Roseburg, OR 97471 [REPORT ANY ACCIDENTS OR INJURIES}

Local Sheriff Phone # _____ Location of nearest Hospital: _____