

PINE BARRENS FUN CTIONAL FREESTYLE CANOE WORKSHOP

REGISTRATION FORM

Friday - Sunday. October 13 - 15, 2017

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ ACA #: \_\_\_\_\_

Paddling (check): solo \_\_\_\_\_ tandem \_\_\_\_\_ renting \_\_\_\_\_ list rental needs \_\_\_\_\_

I am staying at: Douglas Lodge \_\_\_\_\_ Hard-tent \_\_\_\_\_ Camping \_\_\_\_\_ Off site \_\_\_\_\_

**Functional Freestyle: Lessons, Lodging and Meals all included.**

One price includes everything:

- Instruction and coaching on Camp Ockanickon's Lake.
- Chalk talk on creekin' basics.
- More coaching on a Pine Barrens stream.
- Lodging at the Camp (bunkhouse, hard tent, or camping).
- Meals from Friday dinner to Sunday Lunch.
- Social activities in the evenings.

\_\_\_\_\_ **Functional Freestyle all inclusive** \$295 \_\_\_\_\_

**Other costs**

\_\_\_\_\_ ACA Event Membership (for non-ACA members) Attach completed form \$5 \_\_\_\_\_

\_\_\_\_\_ Pine BarrensTshirt. Circle: S M L XL \$18 \_\_\_\_\_

\_\_\_\_\_ Early registration discount (before October 1) (\$20) \_\_\_\_\_

\_\_\_\_\_ Boat and Equipment Rental \$30/day \$30/day \_\_\_\_\_

**Grand Total:** \_\_\_\_\_

Please write a short description of canoeing experience (i.e. years, places paddled, classes, etc.) Use the back if needed.

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Make checks payable to: Tim Burris  
 Mail to: Pine Barrens Workshop  
 240 Sunnyside Road  
 Easton, PA 18042

## CONFIDENTIAL MEDICAL AND EMERGENCY INFORMATION

If unsure of your physical condition or health regarding paddlesports, please consult your physician in advance.

Name \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone: Home ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

### In case of emergency, please notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ or ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Do you have any physical condition which might lead to dizziness or fainting? Yes \_\_\_  
No \_\_\_ If you checked Yes, please elaborate:

Do you have allergic reactions to insect stings or any other source? Yes \_\_\_ No \_\_\_  
If yes, do you carry medication for this? Yes \_\_\_ No \_\_\_  
If yes, where will it be located?

Are you currently under a physician's care? Yes \_\_\_ No \_\_\_  
If yes, please elaborate:

Please note below any conditions that may affect your health or comfort while paddling, any significant dietary restrictions, or any special needs that you may have (use additional page if more space needed):

Insurance Information: Company Name \_\_\_\_\_

Group # / ID # \_\_\_\_\_

Insured Person's Name \_\_\_\_\_