

WISCONSIN CANOE SYMPOSIUM 2018

WCS REGISTRATION FORM, Page 2

Name _____

Other Activities (Open to all. Check only if you would like to participate.)

- Exhibition and Competition-Everything you need to know! (no cost)
 Exhibition (no cost) Solo Tandem Paired

Lodging

		Thursday	Friday	Saturday		
Camping / Wildwood	Primitive site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ x \$23	\$ _____
	Water & electric site (specify elec.) ___110v ___220v	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ x \$26	\$ _____
Pine Lake Camp	Birch Cabin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ x \$25	\$ _____
	Bishop Rader Retreat Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ x \$80	\$ _____ (per rm.)

Meals

For the meals listed below, a vegetarian option (with some form of protein) is available.
 Please indicate here if this vegetarian option is desired:

		<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>	<u>Adult</u>			
Breakfast	<input type="checkbox"/>	___ x \$12.00	\$	_____					
Lunch	<input type="checkbox"/>	___ x \$12.00	\$	_____					
Supper	<input type="checkbox"/>	___ x \$12.00	\$	_____					
Sub-Total (Meals)								\$	_____

Gear Rental (If needed)

- Boat /gear, \$35 per day solo tandem # of days: ___ x \$35 \$ _____
 Size PFD small medium large x-large

Note: The availability of rental boats and gear may be limited. If possible, please bring your own boat and gear or make private arrangements with other participants.

WCS T-Shirt

- Size: S M L XL XXL ___ x \$18 \$ _____

Sub-Total p.2 (Lodging, Meals, Gear, T-Shirt) \$ _____

Total p. 1 (All Classes) \$ _____

- Discount Early Registration & Insurance Fee (received by May 24, 2018)** **\$45** \$ _____
 Registration & Insurance Fee (May 25-May 31, 2018) \$75 \$ _____

(Registration Fee required for attendees; paddlers & non-paddlers)

- ACA Event Fee (required for non-ACA members) \$5 \$ _____
 Day Use Site Fee (required for those attendees NOT lodging at Wildwood or Pine Lake) # of days: ___ x \$5 \$ _____

GRAND TOTAL \$ _____

REGISTRATIONS MUST BE RECEIVED BY MAY 31, 2018

Make all checks payable to Tracy Hunt. Mail payment with Registration Form, Medical/Emergency Contact Form, & ACA Waiver to: **Tracy Hunt 219 S. Monterey Ave. Elmhurst, IL 60126**

Questions? Contact: Tracy Hunt tracyhunt077@gmail.com (630) 329-4669
 and/or Paul Klonowski pklonowski@comcast.net (847) 687-2477

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CONFIDENTIAL MEDICAL AND EMERGENCY INFORMATION*

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

Name _____ Age _____

Street Address _____

City, State, Zip _____

Phone: Home () _____ Work: () _____

Cell () _____ E-mail: _____

Lodging location : ___ Rader Retreat Center ___ Birch 1 Cabin ___ Wildwood CG ___ Off site

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 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, and / or have had a recent illness? Yes ___ No ___

If yes, please elaborate:

Please discuss below any conditions that might affect your health or comfort while paddling, **or any special needs** that you may have :

Insurance Information: Company Name _____

Group / ID # _____

Insured Person's Name _____

** A copy will be kept on file at the Pine Lake Camp office for the duration of the event in compliance with Wisconsin state law*