

WISCONSIN CANOE SYMPOSIUM 2018

REGISTRATION FORM

Registration check-in begins Thursday June 14, 3:00 - 5:30 p.m.; 6:30 - 8:00 p.m.

Checkout by Sunday June 17, 1:00 p.m.

Name		Phone	
Street Address	City	State	Zip
E-mail Address		ACA Number	

CLASSES

FreeStyle Classes (Fri.: 1:15 p.m. - 4:15 p.m.); (Sat. & Sun.: 8:45 a.m. - 11:45 a.m.)

<u>Class Title (Check class below)</u>	<u>Fri., Sat., Sun.</u>	<u>OR</u>	<u>Sat., Sun.</u>	<u>Circle one:</u>
<input type="checkbox"/> Obedience Training For Your Canoe	\$105 \$ _____		\$70 \$ _____	Solo / Tandem
<input type="checkbox"/> FreeStyle Building Blocks	\$105 \$ _____		\$70 \$ _____	Solo / Tandem
<input type="checkbox"/> Forward	\$105 \$ _____		\$70 \$ _____	Solo / Tandem
<input type="checkbox"/> Reverse	\$105 \$ _____		\$70 \$ _____	Solo / Tandem
<input type="checkbox"/> Cross Forward	\$105 \$ _____		\$70 \$ _____	Solo / Tandem
<input type="checkbox"/> Cross Reverse	\$105 \$ _____		\$70 \$ _____	Solo / Tandem
<input type="checkbox"/> Fine Tuning	\$105 \$ _____		\$70 \$ _____	Solo / Tandem
<input type="checkbox"/> Exhibition	\$105 \$ _____		\$70 \$ _____	Solo / Tandem

Special Topic Classes (Fri. 9:45 a.m. - 11:45 a.m.; Sat. 1:15 p.m. - 3:15 p.m. unless otherwise noted)

<u>Class Title (Check class below)</u>	<u>Fri.</u>	<u>Sat.</u>	<u>Sun.</u>	<u>Price</u>
<input type="checkbox"/> Canoeing Essentials <u>(Check one day / time)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$15 \$ _____
<input type="checkbox"/> Moving Around in Your Canoe (Adv. FreeStyle) (Fri. a.m.)				\$30 \$ _____
<input type="checkbox"/> Forward Stroke Clinic (Fri. a.m.)				\$30 \$ _____
<input type="checkbox"/> Touring Technique (Fri. a.m.)				\$30 \$ _____
<input type="checkbox"/> Heeling & Kneeling 101 (Beg. FreeStyle) (Fri. a.m.)				\$30 \$ _____
<input type="checkbox"/> Paddling Straight In Reverse (Sat. p.m.)				\$30 \$ _____
<input type="checkbox"/> Nail the Rail (Adv. FreeStyle) (Sat. p.m.)				\$30 \$ _____
<input type="checkbox"/> Creekin' FreeStyle Clinic (Sat. p.m.)				\$30 \$ _____
<input type="checkbox"/> Canoe Rescue Clinic (Sat. p.m.)				\$20 \$ _____
<input type="checkbox"/> Kid's Class (priced per class; check day / time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ x \$30 \$ _____

Other Classes

<input type="checkbox"/> Private Instruction (2 hour session)	_____ x \$55 \$ _____
<i>(Instruction for any skill level; call organizers to discuss type of instruction desired)</i>	
<input type="checkbox"/> Yoga (1 hour session)	_____ x \$10 \$ _____

Instructor Updates (Fri. 9:00 am - 5:00 p.m.)

<input type="checkbox"/> L1-L2 Canoe Touring Update	\$80 \$ _____
<input type="checkbox"/> L3 FreeStyle Canoe Update	\$80 \$ _____

Sub Total (All Classes)

\$

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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>		
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ x \$12.00	\$ _____
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ x \$12.00	\$ _____
Supper <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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*