



# Canoe Evansville Registration Form

## Registration Information

Name of Individual or Organization \_\_\_\_\_

Name of Contact Person \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Daytime Phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Number of Participants \_\_\_\_\_ Age Levels \_\_\_\_\_

## Program Information

Requested Program \_\_\_\_\_

Requested Date of Program \_\_\_\_\_ Time Requested \_\_\_\_\_

Alternate Date \_\_\_\_\_ Time Requested \_\_\_\_\_

## Program or Trip Location

- |   |   |   |
|---|---|---|
| <b>Pigeon Creek:</b> <input type="checkbox"/> | <b>Hovey Lake:</b> <input type="checkbox"/> | <b>Wabash River:</b> <input type="checkbox"/>         |
| 2 hour <input type="checkbox"/>               | Birding <input type="checkbox"/>            | <b>Canoe Classes:</b> <input type="checkbox"/>        |
| 3 ½ hour <input type="checkbox"/>             | Scout program <input type="checkbox"/>      | <b>Overnight Canoe/Camp:</b> <input type="checkbox"/> |
| Half day <input type="checkbox"/>             | 2-3 Hour Eco-tour <input type="checkbox"/>  |   |

## Payment Information

\_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 (# of participants) (Cost/Participant) Total

Total enclosed (deposit) \$ \_\_\_\_\_

Amount Due upon Arrival (subtract deposit) \$ \_\_\_\_\_

(Make Checks payable to: "WNS")

Please send the completed form and deposit to:  
**Canoe Evansville programs**  
**551 N. Boeke Road**  
**Evansville, IN 47711**

FOR OFFICE USE ONLY		
DEP _____	CK# _____	DATE RCVD _____
ON SCHED _____	CONF SENT _____	
D BASE _____	F PYMT/CK# _____	