Lancaster Canoe Club

TRIP_____ DATE_____

COORDINATOR _____ PHONE # _____

MEETING PLACE _____ TIME _____ DRIVING TIME_____

TYPE OF WATER _____ RATING_____ STREAM MILES_____

TYPE OF BOAT RECOMMENDED_____ EST TIME ON WATER_____

OTHER ACTIVITIES _____ ESTIMATED TOTAL TRIP TIME_____

NAME	PHONE	CARPOOL	NEED PARTNER