

CCCKC TRIP LEADER WRITE-UP FORM

PADDLE NAME / DATE: _____

MEETING PLACE / PUT IN DIRECTIONS: _____

ARRIVAL TIME: _____ **NOTE: ALLOW TIME TO SET UP SHUTTLE IF NEEDED**

PUT IN TIME: _____ **EST. TAKE OUT TIME:** _____

ESTIMATED TIME ON THE WATER: _____

TRIP DISTANCE / DISCRPTION: _____

DIFFICULTY:

Easy _____ **Moderate** _____ **Difficult** _____

SKILL LEVEL:

Beginner _____ **Novic** _____ **Intermediate** _____ **Experienced** _____

INFO ON SHUTTLE / DIRECTIONS TO TAKE OUT: _____

SPECIAL INSTRUCTIONS: FOOD, SUNSCREEN, WATER, ETC.:

TRIP LEADER: _____ **PHONE NUMBERS:** _____

E-MAIL ADDRESS _____