



JOIN THE FUN. REGISTER TODAY.

If you need more forms, call us at (603) 448-0126
 or request information online at www.paddlepower.org

AUGUST 22 & 23, 2009

Volunteer Paddler

- Please complete ALL registration forms as applicable.
- All Participants & Volunteers of PADDLEPOWER MUST complete:
 - ⊙ A registration form.
 - ⊙ Participants Liability Waiver & Release form.
 - ⊙ Emergency/Health Form.
- Registration fees are non-refundable and non-transferable.
- Registrants for PADDLEPOWER MUST BE 15 YEARS OF AGE BY JULY 1ST.

1. *Team Leaders - Please list the Name of your Team and its members

Team Name: _____
 (Teams may consist of up to (4) participants)

1.(team leader): _____ 2. _____
 3 _____ 4. _____

2. General Information (All Applicants) Please print clearly

First Name	M.I.	Last Name
Address		
City	State	Zip
Home Phone	Email address	

Important: Email is the best and fastest way for us to keep you up-to-date. Don't worry - your address will never be shared unless authorized by you.

Company (optional)

Business Phone (optional)

Fax Number (optional)

May we share your contact information with other participants?

Yes

No

3. Emergency Contacts (All Applicants) Please list two contacts.



First Name

M.I.

Last Name

Phone

Alternative Phone

Relationship to Participant



First Name

M.I.

Last Name

Phone

Alternative Phone

Relationship to Participant

4. VOLUNTEERS ONLY

We need much help to make this a success. If paddling is not your thing, join our support teams.

Are you interested in event-related volunteer opportunities?

Yes

No

Registration

Rest stops

Clean Up

Support of teams

Entertainment

Ceremonies

Meals

Any of the above

5. PADDLERS ONLY

Please help us to leverage your donation by checking the box below!

Thrivent Financial for Lutherans is one of the nation's largest benevolent organizations.

Thrivent is a **not-for-profit** Fortune 500 financial service organization that supplements local fund raising efforts. For every \$3 dollars you raise, Thrivent will contribute \$1. There is no obligation and you will not be contacted by anyone. Just check the box and your donation will grow!

Yes, I want to be a Thrivent co-sponsored participant

6. VOLUNTEERS & PADDLERS

- I plan to attend
- 1 Day (Saturday only) I plan to attend the closing ceremonies
- 2 Days (Saturday & Sunday)

7. DISCLAIMER (Please initial by each statement and sign/date)

_____ I understand I am responsible for my own equipment (tent, canoe, floatation devices, sleeping bag, personal property), all transportation of my gear during the event, and for making overnight accommodation reservations with the Campground.

_____ I certify that I am over 18 years of age
(For participants under 18, written parental consent is required).

Signature: _____ Date: _____

8. REGISTRATION FEE / PADDLERS ONLY

(Each Registrant)

\$25.00

Registration fees are non-refundable and non-transferable and are not tax deductible.

Method of payment:

- Check enclosed with Registration Check Number: _____
- Credit Card

Name as it appears on the credit card _____

Credit Card Number _____

Expiration _____ Visa Master Card

I, _____, hereby authorize West Central Behavioral Health to charge the above listed credit card in the amount of \$_____.

Signature of Authorized Card Holder

Date

T-SHIRT REQUEST

- Yes, I would like to receive a PADDLEPOWER T-shirt Small Medium Large X-Large XX-Large
- No, I do not wish to receive a PADDLEPOWER T-shirt

9. QUESTIONS THAT HELP US

How did you hear about PADDLEPOWER events?

- Ad Radio TV Newspaper Internet PaddlePower Website
 PaddlePower Alumni Brochures or Poster
 Family/Friend Other _____

10. MAIL IN YOUR REGISTRATION

Check list:

- Completed Registration Form
- Completed Emergency/Health Form.
- Completed Participants Liability Waiver & Release form.
- Registration fee: Make Check Payable To: WCBH - PADDLEPOWER
- T-Shirt choice/size
- I would like to purchase _____ additional dinner tickets at \$15.00 each.
Children 5 and under free.

Mail Registration, Emergency/Health, and Liability Waiver & Release forms to:

West Central Behavioral Health
PADDLEPOWER Registration
9 Hanover Street Suite 2
Lebanon, NH 03766

11. PLEASE CHECK THE YEARS YOU HAVE PARTICIPATED IN "PADDLEPOWER"

_____ First Time
_____ 2008 _____ 2007 _____ 2006 _____ 2005
_____ 2004 _____ 2003

THANK YOU FOR PARTICIPATING!
SHOULD YOU HAVE ANY QUESTIONS PRIOR TO OR
DURING THE EVENT, PLEASE CONTACT US.
(603) 448-0126