

WKCC Trip Roster

Trip: _____

Date: _____

Trip Facilitator: _____

NAME	PHONE #	Current WKCC Member		Current Year's Waiver on file	
		YES	NO	YES	NO
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After the trip, the facilitator should please send this Roster, along with any newly signed waivers or memberships to:
 WKCC, P.O. Box 1062, Corvallis, OR 97339-1062