

CAVE RESCUE CLASS REGISTRATION INFORMATION FORM: ER-NCRC-001

ost:	\$60
ost:	\$60

DATE: Oct 1 - 3

CLASS TYPE: OCR

General Information				
Name:			Birth Date:	
Street:		City:		
State:	Zip Code:	•		
Phone Number (Home):				
Phone Number (Work):				
Phone Number (Cell):				
Email Address:				
Emergency contact (name, phone number)				
Caving Information				
Cave club affiliations (if any):				
NSS Member (Yes or No):				
NSS Number:				
Medical Training:				
Rescue Training:				
Allergies:				
Pertinent Medical History:				
Saturday lunch will be provided. List any food allergies or if you have dietary needs				
Payment methods: check or money order				
Make check payable to: ERNCRO)			
Send check a	and/or money ord	er with registr	ration form to:	
Janet Smith - Registrar				
100 Stephen Circle				
Bridgewater, VA 22812				
Check and complete Registration form must be received	red at above addre	ess by June 14	th at which time	
you will receive an email from the registrar stating that you are registered. No refunds after above date.				