

Cost: \$60

DATE: September 20 – 22, 2024

Name of the last o	CLASS TYPE: OCR		
G	eneral 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:			
Meals will be provided. List any food allergies of	or if you have dietary	needs	
Payme	ent methods: check		
Make check payable to: ERN	CRC		
Send che	eck and/or registratio	on form to:	
Janet Smith - Registrar			
100 Stephen Circle			
Bridgewater, VA 22812			
Check and/or complete Registration form must be	e received at above ac	ddress by Sept. 1 at which time	
you will receive an email from the registrar stating	g that you are registere	ed. No refunds after above date.	