



Application for use of FCRCC Equipment &/or Resources

Please complete and return this form to the appropriate person (Discipline Rep, Program Head, etc.). They in turn must sign & then submit this form to the FCRCC Executive for approval.

Applications will be considered at the next regularly-scheduled Executive meeting (normally held in the second week of every month). Please submit the form at least one month in advance of the event, so that there will be enough time for approval to occur well before the date.

Program/team/individual requesting resources: _____

Representative contact name: _____

Phone: _____ E-mail: _____

Name of event: _____

Date of event: _____

Time of day resources required (include setup time): _____

Description of equipment/resources requested (include number and type/model of boat):

Description of event: _____

Location of event: _____

Insurance (attach copy to application): _____

Permit (attach copy to application): _____

All paddlers must have either be FCRCC Members, or have signed a waiver.

It is your responsibility, as event host, to confirm and if necessary, collect FCRCC waivers.

FCRCC memberships/waivers will be verified prior to participation YES

Safety– please identify safety issues and your plan to mitigate risks: _____

First aid & medical– please describe your first aid and medical plan: _____

Description of what funds raised will be used for: _____

Summary of fees due for resource usage (amount & due date): _____

Copies of marketing items (i.e., poster, e-mails) must be attached to this application.

By signing I agree that all representations made herein are truthful and agree to the fees as set forth herein. Any damage to the equipment under the timeframe covered in this application will be repaired to the satisfaction of FCRCC by the party or individual named herein.

Signature of Representative listed above: _____

Date: _____

***** For Office use only *****

FCRCC representative acting as liaison: _____

Contact information of FCRCC rep: _____

FCRCC approving officer name: _____

FCRCC approving officer signature: _____

Date approved: _____