KMC Trip Registration List

Date Coordinator Destination

Non Members must sign a KMC waiver prior to the trip.

Name	**KMC Member**	**Telephone**	**Emergency Contact Name**	**Emergency Contact Telephone**	**Allergies/Medical Conditions (relevant)**

Coordinators: Please note any post trip comments on the back of this sheet and submit it to the Winter/Summer (as appropriate) Chairperson.

Version 2, July 4, 2011