



Beginner/Intermediate Whitewater Clinic, April 28-29, 2012

Meet 8:00 AM, April 28, at Silver Mines lower campground pavilion.

Go to missouriwhitewater.org/instruction for maps and more info.



This event is sanctioned by the ACA

Name: _____ Age: _____ Gender: F M

Street Address: _____

City/State/Zip: _____ Email: _____

Phone: (H) _____ (Wk/Cell) _____

Vegetarian meal? Y
Extra meal(s) Saturday PM? Y How many? \$10 ea. _____
(Extra meals are for non-clinic participants such as family and friends. One (1) meal is included for each clinic student with their clinic fee.)

MWA Member: Y N ACA Member: Y N ACA # (if applicable): _____

Type of boat: KAYAK CANOE (OC1) TANDEM CANOE (OC2) & Partner _____

Make/model of boat: (example: Dagger RPM) _____

Which level are you interested in taking? (check one)

- Beginner** — I feel comfortable swimming, somewhat comfortable in a boat, limited or no experience on whitewater.
- Intermediate** — wet exit not a problem, feel comfortable in a boat, some experience on moving water, want to make the next step catching eddies in the rapids and improve my strokes.
- Advanced** — have done some whitewater, have a roll, but want to move to a higher level of river running, surfing, and perfecting my strokes.
- Playboat** — have a solid combat roll, tired of watching from the eddy, want to learn the tricks: bow stalls, stern squirts, 360s, cartwheels, etc.

What experience do you have and/or what rivers have you paddled with your clinic boat? _____

Who have you paddled with? _____

What would you like to work on this weekend? _____

Is there a particular instructor you would like? (not guaranteed) _____

Is there a clinic participant you would like in your group? (not guaranteed) _____

Please mail application, fees, and waiver by April 21, 2012, to:
If filing this form via email, waivers must be signed and delivered by hand or by mail. The ACA does not accept electronic signatures. Waivers can be hand-delivered at clinic sign-in.

MWA Clinic Registrar
PO Box 300099
Saint Louis, MO 63130

Tel: 314-974-6938
Email: clinicdirector@missouriwhitewater.org

Enclosures (choose)

The \$5 ACA Event Membership fee for non-ACA members is paid by the MWA for this event. If you choose to become an ACA member, please include the additional fee(s) along with your clinic registration. By joining the ACA through the MWA, you qualify for the Paddle America Club individual/family discount.

- I am an MWA member. Contains clinic app, ACA waiver, \$75
- I am NOT an MWA member. Contains clinic app, ACA waiver, \$90, MWA membership form
- Extra meals (\$10 ea.)

*If you are not an MWA member, \$15 of the clinic fee goes towards **your choice** of MWA membership options (individual/family/sponsoring). Clinic participants **MUST** fill out and sign an MWA membership form before clinic weekend. Download the form at missouriwhitewater.org/membership.*

Please make checks payable to Missouri Whitewater Association. If you are unable to afford the rates for the MWA clinic, please send a completed application with a cover letter to the Clinic Director, which explains your circumstances (eg., student, unemployed), and the fee you can afford.