

EDDYLINE PADDLE

The Neuse River North Carolina

October 11th-13th 2024



APPLICATION/REGISTRATON FORM

All applications will be reviewed by a panel. You will be notified by email of your acceptance. Information on this application will be kept confidential and will not be shared with any 3rd party. Please answer all questions to the best of your ability so P4P can appropriately prepare for you adventure.

Participant Name:	Date:
Address:	Home Phone:
City/State/Zip	Cell Phone:
Email :	Date of Birth:
Emergency Contact:	Height: Weight:
Relationship to Participant:	Shirt Size:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single	Children: Number of Children _____ Ages: _____

First Responder/Military Career Info

Military Service

Military Service and dates of service

Are you currently Active Duty? Yes No

Army: <input type="checkbox"/> Dates:	Navy: <input type="checkbox"/> Dates:	Airforce: <input type="checkbox"/> Dates:	Marines: <input type="checkbox"/> Dates:	National Guard: <input type="checkbox"/> Dates:
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Were you Honorably Discharged? Yes No

Are you able to provide your DD214 Yes No

Fire/Police/EMS

Area of service (ex. Fire/LEO/EMT etc.)	Dates of Employment/Volunteer: Location of Employment: Supervisor Name: Are you still currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No if no are you Eligible for rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No
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If multiple areas of service, please list here (Ex. Some First Responders work or volunteer at multiple organizations):



Tell us about yourself



Kayak Experience (It is not required to have any exposure to kayak or canoeing to participate in The Eddyline Paddle)
It is required that you are a competent swimmer.

Have you ever operated the following:	Tell us about your experience/skill level:
Kayak <input type="checkbox"/> Yes <input type="checkbox"/> No Canoe <input type="checkbox"/> Yes <input type="checkbox"/> No Competent swimmer: <input type="checkbox"/> Yes <input type="checkbox"/> No	

How did you hear about us: **Social Media** **Website** **Peer/Coworker** **Spouse or Significant other**
Counselor **Other, Explain:** _____

Tell us what interests you about The Eddyline Paddle and what experience brought you to us (use back page if needed):

***All Participants must be competent swimmers. Should your application be approved there will be more detailed information requested via email. Submission of application does not guarantee a spot as space is limited.

Please submit your application via email paddling4pennies@gmail.com
or mail to

Paddling for Pennies 2041 Deer Trail Clayton NC 27527

You will receive confirmation via email letting you know your application has been received