



## Leader Checklist

Advertise a week before your event. **Send outing details and reminder to NPT members at [nptgroupnotes@googlegroups.com](mailto:nptgroupnotes@googlegroups.com)**

Print this form for signatures and tips. After your outing, fill out highlights and other details. Send event highlights and names to NPT, c/o Mary Boyer, 825 W Davenport St, Rhinelander, WI 54501

### Guidelines to a successful outing:

- Ask everyone to write their names on the form below  
Also, **guests must read and sign** the NPT Waiver Forms.
- Before heading off on your outing:
  - ✓ Describe what to expect on your outing
  - ✓ Length of trail
  - ✓ Weather concerns
  - ✓ Trees down
  - ✓ Faster than normal hill
  - ✓ Sweepers
  - ✓ Current
  - ✓ Rock gardens ahead.
  - ✓ Assign a Lead and a Sweep
  - ✓ Plan for pairs or buddy system
  - ✓ Be aware of individual capabilities
  - ✓ Be aware of group dynamics
    - People who will enhance the outing
    - or people who might compromise the safety / enjoyment of the outing

What was Event \_\_\_\_\_

Date \_\_\_\_\_

Where (location) \_\_\_\_\_

Leader(s) \_\_\_\_\_

### Event Highlights \_\_\_\_\_

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# *Northern Paddle & Trail*

Participants sign here – Name / Phone number

1	_____	Phone: _____	<input type="checkbox"/> Member	<input type="checkbox"/> Guest
2	_____	Phone: _____	<input type="checkbox"/> Member	<input type="checkbox"/> Guest
3	_____	Phone: _____	<input type="checkbox"/> Member	<input type="checkbox"/> Guest
4	_____	Phone: _____	<input type="checkbox"/> Member	<input type="checkbox"/> Guest
5	_____	Phone: _____	<input type="checkbox"/> Member	<input type="checkbox"/> Guest
6	_____	Phone: _____	<input type="checkbox"/> Member	<input type="checkbox"/> Guest
7	_____	Phone: _____	<input type="checkbox"/> Member	<input type="checkbox"/> Guest
8	_____	Phone: _____	<input type="checkbox"/> Member	<input type="checkbox"/> Guest
9	_____	Phone: _____	<input type="checkbox"/> Member	<input type="checkbox"/> Guest
10	_____	Phone: _____	<input type="checkbox"/> Member	<input type="checkbox"/> Guest
12	_____	Phone: _____	<input type="checkbox"/> Member	<input type="checkbox"/> Guest
13	_____	Phone: _____	<input type="checkbox"/> Member	<input type="checkbox"/> Guest
14	_____	Phone: _____	<input type="checkbox"/> Member	<input type="checkbox"/> Guest
15	_____	Phone: _____	<input type="checkbox"/> Member	<input type="checkbox"/> Guest
16	_____	Phone: _____	<input type="checkbox"/> Member	<input type="checkbox"/> Guest
17	_____	Phone: _____	<input type="checkbox"/> Member	<input type="checkbox"/> Guest
18	_____	Phone: _____	<input type="checkbox"/> Member	<input type="checkbox"/> Guest
19	_____	Phone: _____	<input type="checkbox"/> Member	<input type="checkbox"/> Guest
20	_____	Phone: _____	<input type="checkbox"/> Member	<input type="checkbox"/> Guest
21	_____	Phone: _____	<input type="checkbox"/> Member	<input type="checkbox"/> Guest
22	_____	Phone: _____	<input type="checkbox"/> Member	<input type="checkbox"/> Guest
23	_____	Phone: _____	<input type="checkbox"/> Member	<input type="checkbox"/> Guest
24	_____	Phone: _____	<input type="checkbox"/> Member	<input type="checkbox"/> Guest