



Leader Checklist

Advertise a week before your event. **Send outing details and reminder to NPT members at 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, Box 334, Rhinelander, WI 54501-0334

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
 - ✓ Be familiar with the safety info under Safety Links on www.northernpaddletrail.org

What was Event _____

Date _____

Where (location) _____

Leader(s) _____

Event Highlights _____

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