



APPLICATION

WWW.BELLCANOE.COM

Name: _____ Mailing / Shipping Address: _____

City: _____ State / Zip: _____ Phone (Day / Evening): _____

email address: _____ Date of Planned Expedition: _____

Description of Expedition (please attach a photocopied map): _____

Distance you plan to travel by canoe (minimum requirement: 100 miles): _____ Have You Applied for all Necessary Permits? _____

Will you be accompanied by a professional outfitter or guide? _____

If so, please provide their name and contact information:

Guide Name: _____ Contact Information: _____

Will you be part of an organized group (scouts, adventure club, etc.)? _____

If so, please provide the name and contact information of your group sponsor/leader:

Group Name: _____ Contact Information: _____

Who else will accompany you on this expedition? _____

(All members of expedition who wish to join the Bell Adventurers must submit their own completed application.)

BELL CANOE INFORMATION: Model: _____ Length: _____

Personally owned? _____ If so, what year did you buy it: _____

Rented or borrowed? _____ If so, from whom: _____

Supplied by an outfitter? _____ If so, please provide the name of your outfitter: _____

PERSONAL INFORMATION: Date of Birth: _____ Citizenship: _____

Occupation: _____ If retired, previous occupation: _____

Describe any previous canoe paddling experience: _____

Describe why you are taking this expedition: _____

Name: _____ **Signature:** _____ **Date:** _____

Name, address and signature of Parent or Guardian (if under 21):

Name: _____ Signature: _____ Date: _____

Address: _____ City: _____ State / Zip: _____

When complete, please sign and mail to:

BELL ADVENTURER PROGRAM, BELL CANOE WORKS, 2700 COMMERCE STREET, LA CROSSE, WI 54603

SPECIAL NOTE: A SEPARATE APPLICATION MUST BE COMPLETED AND SIGN BY EACH MEMBER OF YOUR EXPEDITION WHO WISHES TO JOIN THE BELL ADVENTURERS PROGRAM.