

To be used by the Group Organizer

Participants Name	Phone #	Email Address	# of people	Amt Due	Deposit	Date Paid	Balance	Date Paid	Risk Form Signed
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									
26.									
27.									
28.									
29.									
30.									
31.									

Total sent to Mountain Whitewater Descents \$ _____ Date _____
Remaining Balance \$ _____ Balance Paid Date _____