



CAVE RESCUE CLASS REGISTRATION INFORMATION
FORM: ER-NCRC-001

Cost: \$60

DATE: 10/27-10/29/23

CLASS TYPE: OCR

General Information

Name: _____ Birth Date: _____

Street: _____ City: _____

State: _____ Zip Code: _____

Phone Number (Home): _____

Phone Number (Work): _____

Phone Number (Cell): _____

Must be legible Email Address: _____

Emergency contact (name, phone number) _____

Caving Information

Cave club affiliations (if any): _____

NSS Member (Yes or No): _____

NSS Number: _____

Medical Training: _____

Rescue Training: _____

Allergies: _____

Pertinent Medical History: _____

Meals will be provided. List any food allergies or if you have dietary needs

Payment methods: **check/ Money order**

Make check payable to: ERNCRC

Send check and/or registration form to:

Janet Smith – Registrar cell 540-280-0755
100 Stephen Circle
Bridgewater, VA 22812

Check and/or complete Registration form must be received at above address by 10/13/23 at which time you will receive an email from the registrar stating that you are registered. No refunds after above date.