



THE KANSAS CITY OUTDOOR CLUB, INC.

PO Box 95
Shawnee Mission, Kansas 66201-0095

TRIP COORDINATOR APPLICATION

IMPORTANT: READ BEFORE SIGNING – SIGNATURE REQUIRED FOR PARTICIPATION

Coordinator Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Email: _____ Fax: _____

I want to lead the following type of trips:

Backpacking: _____ Canoe: _____ Camping: _____

Non-camping: _____ Other: (Describe) _____

I am currently a member of the KCOC, Inc. and have been a member of the KCOC since (year): _____

I have led or co-led the following type of trips (KCOC or other):

I have the following special skills training (i.e.: First aid, CPR, leadership training):

Signature: _____ Dated: _____

Mail completed form to:
THE KANSAS CITY OUTDOOR CLUB, INC.
Attn: Activity Coordinator
PO Box 95
Shawnee Mission, Kansas 66201-0095