

# NFCT Paddler Recognition Application



Please fill out this form and mail it to us with your journal or summary, and any photos you'd like to share.

Date Application Submitted: \_\_\_\_\_

Through  or Section  Paddler: [Please check one option]

Name (first and last): \_\_\_\_\_

Street Address / PO Box: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of paddling partners (NOTE: each individual must submit separately for recognition):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NFCT Paddle Start Date (date, month, year): \_\_\_\_\_

NFCT Paddle Finish Date (date, month, year): \_\_\_\_\_

Journal or summary included? YES  NO

May we quote from your journal or summary for our publications or website? YES  NO

May we use your images (if you sent any) for our publications or website? YES  NO

Please contact me for permission about specific quotes and images.

Would you like to be on our list as a resource for other potential through / section paddlers? YES  NO

Are you interested in sharing stories, images, etc. about your experience? YES  NO

Let us know and we can contact you as presentation opportunities arise.

Northern Forest Canoe Trail • PO Box 565, 4403 Main St. 2nd Floor • Waitsfield, VT 05673  
**phone:** 802.496.2285 • **fax:** 802.496.2785 • [www.NorthernForestCanoeTrail.org](http://www.NorthernForestCanoeTrail.org)