



Department of Natural Sciences

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Canoe and Equipment Check-Out Form

Name: _____

Equipment Requested: _____

Pick-Up Date/Time: _____ Drop-Off Date/Time: _____

Describe any pre-existing damage or wear/tear to the equipment (if none, write "none"):

I have reviewed and agree to the standard operating procedures and safety training resources for canoe use.

Signature: _____ Date: _____

Staff Signature: _____

For Office Use Only

All required documentation has been received from trip supervisor.

Returned Date: _____ Staff Signature: _____

Observed damages upon return: _____

