Foray Sign In and Sign Out SVIMS (South Vancouver Island Mycological Society)

Foray Event Name/Location: _____ Date: _____

Foray ID Specialists:_____

Foray Leads-Administrators with contact number: _____

End of Foray: Time Place Cell

I am a member of SVIMS and have signed the SVIMS waiver and read the policies for forays and mushroom consumption. I agree to adhere to them during SVIMS activities. I will check in with the foray leader (or designate) prior to leaving the foray.

#	Name (PLEASE PRINT)	Phone #	Sign-IN	Sign-OUT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

Additional pages YES NO Number

Foray Sign In and Sign Out SVIMS (South Vancouver Island Mycological Society)

Foray Event Name/Location: _____ Date: _____

Foray ID Specialists:_____

Foray Leads-Administrators with contact number: _____

End of Foray: Time Place Cell

I am a member of SVIMS and have signed the SVIMS waiver and read the policies for forays and mushroom consumption. I agree to adhere to them during SVIMS activities. I will check in with the foray leader (or designate) prior to leaving the foray.

#	Name (PLEASE PRINT)	Phone #	Sign-IN	Sign-OUT
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				

Additional pages YES NO Number