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

Amended August 28th 2020

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 read and agree to abide by the requirements of the SVIMS membership waiver and policies for mushroom consumption, forays and events including any/all contagion responsibilities.

I will check in and sign out with the foray leader (or designate) prior to leaving the foray.

	Name (PLEASE PRINT)	Phone #	Sign-IN	Sign-OUT
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Additional pages: YES NO Number

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Amended August 28th 2020

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
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Additional pages: YES NO Number