

# 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 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.**

	<b>Name (PLEASE PRINT)</b>	<b>Phone #</b>	<b>Sign-IN</b>	<b>Sign-OUT</b>
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Additional pages YES     NO     Number

