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

Foray/ Event Name/Location:			Date:	
Foray IE	) Specialists:			
Foray L	eads-Administrators with contact i	number:		
End of F	Foray: Time Pl	ace	Cell	
policies	nember of SVIMS and have read a for mushroom consumption, for heck in and sign out with the fora	ays and events including a	ny/all contagion responsib	
	Name (PLEASE PRINT)	Phone #	Sign-IN	Sign-OUT
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Foray ID Specialists:  Foray Leads-Administrators with contact number:		
End of Foray: Time Place Cell	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 desi prior to leaving the foray.	gnate)	
# Name (PLEASE PRINT) Phone # Sign-IN Sign-C	UT	
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Additional pages YES

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NO

Number

\*Document amended January 11th, 2024