

ON-RIVER TRAINING, CONT.

Date	River	Put-in		Take-out
<hr/>				
Paddle Oar Combined	# Hours On River	# River Miles	Instr. On Board?	Instr. On Trip?
	<hr/>	<hr/>	<hr/>	<hr/>
Instr. Name _____		ROL Lic. # _____		
Instr. Signature _____				

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Hours with instructor On-Board - This Sheet: _____	Hours with instructor On Trip - This Sheet: _____	River Miles - This Sheet: _____
Hours with instructor On-Board - Other Sheets: _____	Hours with instructor On Trip - Other Sheets: _____	River Miles - Other Sheets: _____
Total Hours with Instructor On-Board : _____	Total Hours with Instructor On Trip: _____	Total River Miles: _____

Guides's First Regulated Trip: _____	Date: _____	River: _____	Instructor Name: _____	Instructor Signature: _____
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Guides's Completed Trip on each Section of River to be Guided: _____	Date: _____	River: _____	Instructor Name: _____	Instructor Signature: _____
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Under penalty of perjury I declare that all information contained in this Guide Qualification Form, and any attached sheets, is a true and accurate record of my guide training.

Name: _____ Date: _____