

**CANOE & EQUIPMENT - REQUEST AND SUMMARY FORM - NORTHWEST SCHOOL DIVISION #203**

The canoes and associated equipment will be made available to all schools on a first come-first served basis with bookings being made with the Supervisor of Transportation at least 1 week prior to the event. The equipment is to be checked prior to being signed out and also upon its return to the Division Office. Any damages or lost equipment shall be repaired or replaced as needed with the costs being charged to the school responsible for the damages

**CANOE REQUEST**

School \_\_\_\_\_ Destination \_\_\_\_\_  
Activity \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
Date & Time of Departure \_\_\_\_\_ Anticipated Date & Time of Return \_\_\_\_\_  
Number of Canoes Required \_\_\_\_\_ Number of PFD's Required \_\_\_\_\_  
Require Cargo Van \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Require Cargo Trailer \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
(School to fax request to Rick McKeil, Supervisor of Transportation at 306-845-3392)

**BOOKING (Completed by Transportation Department)**

Date Received \_\_\_\_\_ Date Faxed to Transportation Garage \_\_\_\_\_ Date confirmation sent to school \_\_\_\_\_

**EQUIPMENT SIGNOUT - (Completed by School Supervisor)**

Driver - Canoe Trailer #1 \_\_\_\_\_ Driver - Canoe Trailer #2 \_\_\_\_\_  
Driver - Cargo Van \_\_\_\_\_ Driver - Cargo Trailer \_\_\_\_\_  
Date of Equipment Pickup \_\_\_\_\_  
Number of Canoes signed out \_\_\_\_\_ Number of PFD's signed out \_\_\_\_\_  
Number of Paddles Signed out \_\_\_\_\_ Number of Safety Kits signed out \_\_\_\_\_

\_\_\_\_\_  
Signature of School Supervisor

\_\_\_\_\_  
Signature - Transportation Department

**EQUIPMENT RETURN SUMMARY - (Completed by School Supervisor)**

Actual Return Date & Time \_\_\_\_\_  
No. of Canoes Returned \_\_\_\_\_ No. of PFD's Returned \_\_\_\_\_ No. of Paddles Returned \_\_\_\_\_ No. of Safety Kits Returned \_\_\_\_\_  
Damages or Losses Noted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
School Supervisor Signature

\_\_\_\_\_  
Inspected by

**SUBMIT CLAIM TO TRANSPORTATION DEPARTMENT, TURTLEFORD OFFICE FAX: 306-845-3392**