



Trip Log- Arkansas River (Required by law)

Organization: _____

Trip Time: _____

Adults: _____

Phone #: _____

Trip Date: _____

Youth: _____

	Rafters Name	Age	List any Special Needs	✓Waiver	✓Paid
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Notes:

For Outfitter use only:

Put-in: _____ Take-out: _____ Trip Leader: _____

Guides: _____

Paid at trip start: Yes No Check(s) # _____ or cash Amt _____