



Qualified NACK Member Information

Member Name _____
First *Last*

ACA Number _____

ACA Assessed Paddler Level _____

Email Address _____

Phone Number _____

Member Signature _____ Date _____

Qualified Training Program Information

Vendor Name _____

Training Program Name _____

Training Program Website _____

Training Program Location _____

Start Date _____ End Date _____

Duration of Program (hrs.) _____

Total Cost of Training Program _____

Training Program Description *Using the space below please provide a detailed description of the training program. You may also attach brochures or other literature pertaining to the training program description*

NACK Training Fund Committee Use Only

Approved (Yes/No) _____ Approval Date _____

Reimbursement Amount _____ Reimbursement Date _____

Signature _____ Print Name _____