

## CRW Mentoring Workshop Attendee Accident Insurance Form

- CRW Sponsored Event (example- bowl turning) \_\_\_\_\_  
(example-being mentored at another CRW member’s home shop)
- Sponsor Name (example- Ben Franklin) \_\_\_\_\_
- AAW Member Y - N ,      CRW Paid Membership: Y - N,      If Guest, place check in box
- Dates of Training: \_\_\_\_\_
- Location of Training: \_\_\_\_\_

Print Name	Signature	AAW member		CRW paid member		Guest
		Yes	No	Yes	No	
Josephine McTurner (example)	Josephine McTurner (example)					X
Bob Raasch (example)	Bob Raasch (example)	X		X		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

**Send this completed** including date, type of activity, place of activity and sponsoring individual (must be a CRW member) via email to the CRW Secretary: Kris Clough, [mogoldfish@yahoo](mailto:mogoldfish@yahoo) or mail a hard copy to Kris Clough, W49911 Scott Drive. LaCrosse, WI 54601.  
Or, send the completed form to any other CRW board officer.