



CAMP ACCOUNT REQUEST

1638 S. Blaine St. | Moscow, ID 83843 | P: 800-243-1677 | F: 877.567.7329 | E: programs@nrs.com

DATE: _____

CAMP NAME: _____ WEBSITE: _____

AUTHORIZED PURCHASERS (FIRST/LAST NAMES AND EMAIL ADDRESSES):

BILLING ADDRESS: _____

BILLING TELEPHONE: _____

SHIPPING ADDRESS: _____

SHIPPING TELEPHONE: _____ ALTERNATE PHONE/CELL: _____

TAX EXEMPT ID (IF APPLICABLE): _____

YEARS IN OPERATION: _____ NUMBER OF FULL-TIME STAFF: _____

DESCRIBE YOUR PADDLESPORTS OFFERINGS AT THE CAMP (MANDATORY, PLEASE BE THOROUGH):

IN A NORMAL YEAR, HOW MANY PEOPLE DO YOU INTEND TO PUT ON THE WATER? _____

WHO DOES YOUR CAMP SERVE? KID / TEENS / ADULTS

IS YOUR CURRENT PADDLESPORTS EQUIPMENT OWNED OR RENTED? _____

DESCRIBE HOW YOU INTEND TO USE NRS EQUIPMENT:

PRIMARY NRS PRODUCTS YOU ARE INTERESTED IN:

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> LIFE JACKETS | <input type="checkbox"/> INFLATABLE KAYAKS | <input type="checkbox"/> KAYAK ACCESSORIES |
| <input type="checkbox"/> DRY BAGS | <input type="checkbox"/> PADDLES | <input type="checkbox"/> REPAIR ITEMS |
| <input type="checkbox"/> STRAPS | <input type="checkbox"/> WETSUITS | <input type="checkbox"/> SAFETY/RESCUE |
| <input type="checkbox"/> HELMETS | <input type="checkbox"/> SPLASH WEAR/DRY WEAR | <input type="checkbox"/> CAMPING EQUIPMENT |
| <input type="checkbox"/> RAFT/FRAMES | <input type="checkbox"/> GLOVES/FOOTWEAR | |
| <input type="checkbox"/> SUP | <input type="checkbox"/> SUN PROTECTION | |

ANYTHING ELSE YOU WOULD LIKE US TO KNOW: