

GENERAL PROGRAMS ACCOUNT REQUEST

ORGANIZATION NAME:		WEBSITE:
	S (FIRST/LAST NAMES AND EMAIL ADDRESSE	S):
BILLING ADDRESS:		
BILLING TELEPHONE:		
SHIPPING TELEPHONE:		ERNATE PHONE/CELL:
TAX EXEMPT ID (IF APPLICA	ABLE):	
YEARS IN OPERATION:	NUMBER OF FULL-TIME STAFF:	
IN A NORMAL YEAR, HOW	MANY PEOPLE DO YOU INTEND TO PUT ON T	THE WATER?
•	MANY PEOPLE DO YOU INTEND TO PUT ON T DPULATION: KID / TEENS / ADULTS	
PLEASE DESCRIBE THAT PO		STUDENTS / STAFF / GENERAL PUBLI
PLEASE DESCRIBE THAT PO	OPULATION: KID / TEENS / ADULTS	STUDENTS / STAFF / GENERAL PUBLI
PLEASE DESCRIBE THAT PO	DPULATION: KID / TEENS / ADULTS ESPORTS EQUIPMENT OWNED OR RENTED? _ ND TO USE NRS EQUIPMENT:	STUDENTS / STAFF / GENERAL PUBLI
PLEASE DESCRIBE THAT PO	DPULATION: KID / TEENS / ADULTS ESPORTS EQUIPMENT OWNED OR RENTED? _ ND TO USE NRS EQUIPMENT: YOU ARE INTERESTED IN:	STUDENTS / STAFF / GENERAL PUBLI
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PLEASE DESCRIBE THAT PO	DPULATION: KID / TEENS / ADULTS ESPORTS EQUIPMENT OWNED OR RENTED? _ ND TO USE NRS EQUIPMENT: YOU ARE INTERESTED IN: INFLATABLE KAYAKS PADDLES	STUDENTS / STAFF / GENERAL PUBLI
PLEASE DESCRIBE THAT PO IS YOUR CURRENT PADDLE DESCRIBE HOW YOU INTEN PRIMARY NRS PRODUCTS LIFE JACKETS DRY BAGS	DPULATION: KID / TEENS / ADULTS ESPORTS EQUIPMENT OWNED OR RENTED? _ ND TO USE NRS EQUIPMENT: YOU ARE INTERESTED IN: INFLATABLE KAYAKS PADDLES WETSUITS	STUDENTS / STAFF / GENERAL PUBLICATION OF THE STAFF

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ANYTHING ELSE YOU WOULD LIKE US TO KNOW: