

## SEED PROGRAM APPLICATION

The following organization or individual hereby applies to participate in the United States Log Rolling Association, Inc. (the "Association") Seed Program:

| Organizational Applicant Information  |       |
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| Organizational Applicant's Full Name:   | _____ |
|   | _____ |
| Type of Organization (e.g., corporation, LLC, etc.):  | _____ |
| Applicant's State of Incorporation or Organization (if applicable):                             | _____ |
| Key Individual Contact at Organization:   | _____ |
| Key Individual Contact's Title:   | _____ |
| If an organization, how many individuals are employed at location where applicant will use log? | _____ |
| Phone Number(s):  | _____ |
| Address(es):  | _____ |

OR

| Individual Applicant Information  |       |
|-----------------------------------|-------|
| Individual Applicant's Full Name: | _____ |
| Street Address:                   | _____ |
| Postal Address (if different):    | _____ |
|                                   | _____ |
| Phone Number(s):                  | _____ |
| Email Address:                    | _____ |

The Applicant identified above hereby requests that the Association provide to it the following:

### Log's diameter

A lathed turned Western Red Cedar logs, approximately twelve feet in length with a diameter of approximately:

\_\_ 15" (Recommended for beginners and most students.)

- \_\_\_ 14"
- \_\_\_ 13"
- \_\_\_ 12"

**Log's surface**

- \_\_\_ **Traction log.** (carpeted surface suitable for use in swimming pools and for use in bare feet or tennis shoes.)
- \_\_\_ **Traditional log.** (Suitable for ponds and lakes for use with spiked shoes.)

Other Training Materials Sought:

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**Information about Applicant's log rolling program**

**Number and frequency of log rolling sessions.** (Please tell us about the number of days per week or month you plan to offer log rolling instruction and practice, the number of sessions, the number of minutes if instruction per session, and, if you will offer log rolling courses over a period of weeks, the number of classes per course.)

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**Log rolling students/participants.** (Please tell us about the number of students you expect to benefit from your log rolling program. For which age groups to you plan to offer instruction and practice? [e.g., grade schoolers, teens, adults?] What are the minimum and maximum number of participants you plan for each session?)

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**Seasonality.** (For how many months per year do you plan to offer log rolling instruction?)

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**Facilities.** (Please tell us about the location(s) at which you plan to use the log., If in a swimming pool, its dimensions. Where will you store the log, when it is not being used for instruction or practice?)

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**New or existing log rolling program.** (If you plan to use the log you have requested for a new log rolling program, please tell us that. If already have a log program underway, please tell us about it.)

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**Additional log rolling opportunities.** (As best as you know, what are the locations of the two locations closest to yours where log rolling instruction and practice are available.)

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**Financing cost of log.** (Please explain how much money, if any, you propose to pay toward the log's purchase upon delivery and your source(s) of funds to complete payment.)

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**Instructors/safety.** (Please provide information about the number of and background of the instructors you plan to involve with the log rolling program and the nature of their training, if any, in aquatic safety. Note that US Log Rolling Association has among its members many competent, experienced log rollers of many ages. Please indicate the degree and nature of your interest in tapping this resource to assist with your program.)

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**Transportation of log(s) to your site.** Does Applicant have the wherewithal and interest to transport the log(s) requested from a site in Wisconsin to the site of Applicant's log rolling program? Does Applicant prefer that The US Log Rolling Association arrange transportation to Applicant's site (perhaps for a fee?)

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**Location of log(s).** (Give street address and location at that address where Applicant will keep log(s) or other training materials:

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**Additional information.** (The United States Log Rolling is looking for good homes for the logs it places. Please add anymore information you wish us to have about your organization or log rolling program that you wish us to take into account. You may add an attachment or a link to a website.)

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**If this Seed Program Application is granted, Applicant intends to enter into a Seed Program Agreement in the format attached. By signing below the Applicant identified above represents and warrants that the information contained herein is true and accurate.**

Date: \_\_\_\_\_

**ORGANIZATION APPLICANT**

ORGANIZATION NAME: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**INDIVIDUAL APPLICANT**

\_\_\_\_\_  
Name: \_\_\_\_\_

Please e-mail application to: [info@uslogrolling.com](mailto:info@uslogrolling.com)

Or via mail to:

US Log Rolling Association  
2217 West Lawn Ave  
Madison, WI 53711