## CLOUD RIDGE NATURALIST'S REGISTRATION FORM NAME(S): (Mr./Ms./Mrs./Dr.) (2)\_\_\_\_ ADDRESS: Street or P.O. Box\_\_\_\_ State: Zip Code PHONE: (Day) (Evening) (Emergency Contact) EMAIL: I (WE) WOULD LIKE TO REGISTER FOR THE FOLLOWING CONSERVATION IN FOCUS TRIP(S): Trip: (1) Scotland to the Norwegian Arctic (2) Southeast Alaska (3) Salish Sea/San Juan Islands ( ENCLOSED IS MY CHECK, PAYABLE TO CLOUD RIDGE NATURALISTS, IN THE AMOUNT OF: \$\_\_\_\_\_ PLEASE INDICATE THE TYPE OF PAYMENT BELOW: Deposit (All deposits are shown in parentheses, payable to Cloud Ridge Naturalists unless otherwise noted. Cloud Ridge cannot accept credit cards for payment at this time.) Payment in Full (The balance for all Cloud Ridge trips is due, less the deposit, 90 days prior to departure. If you are registering for a trip within 90 days of departure, payment in full is required.) In addition, I would like to make a tax-deductible contribution to Cloud Ridge Naturalists: Cloud Ridge Supporter (\$25) Cloud Ridge Sponsor (\$50 or more) Sponsor Premium: None CRN King Penguin T-shirt/Circle Size: S M L XL **ACCOMMODATIONS:** Male ( ) Female ( ) Your Age\_\_\_\_\_; ( ) Double ( ) Single Preferred (single supplement required) ( ) Two Twins ( ) Roommate preferred Name of roommate, if known:\_\_\_\_\_ **DIET PREFERENCES:** ( ) Regular Diet ( ) Vegetarian w/fish) ( ) Vegetarian/no fish ( ) No Dairy ( ) Gluten-free ( ) Diabetic FOOD ALLERGIES?: ( ) No ( ) Yes If yes, please specify: SPECIAL NOTE: ALL CLOUD RIDGE TRIPS ARE NON-SMOKING PASSPORT INFORMATION REQUIRED ONLY FOR INTERNATIONAL TRIPS: **TRAVELER 1:** Full Name (as it appears on your passport):\_\_\_\_\_ Passport #\_\_\_\_\_ Expiration Date \_\_\_\_\_ Date of Birth **TRAVELER 2** Full Name (as it appears on your passport): Passport #\_\_\_\_\_ Date of Birth \_\_\_\_\_

Mail your registration form to: Cloud Ridge Naturalists, 8297 Overland Rd., Ward, CO 80481