

CLOUD RIDGE NATURALISTS REGISTRATION FORM

NAME(S): (Mr./Ms./Mrs./Dr.)

(1) _____

(2) _____

ADDRESS:

Street or P.O. Box _____

City _____ **State:** _____ **Zip Code** _____

PHONE: (Day) _____ **(Evening)** _____ **(Emergency Contact)** _____

EMAIL: _____

I (WE) WOULD LIKE TO REGISTER FOR THE FOLLOWING CONSERVATION IN FOCUS TRIP(S):

- (1) Southeast Alaska (2) 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)**

\$ _____ **I'd like to support Cloud Ridge Publishing's forthcoming book on the Salish Sea and future conservation publishing projects.**

Contribution Premium: **No premium** **CRN King Penguin T-shirt/Circle Size: S M L XL**

ACCOMMODATIONS:

Male () **Female** () **Your Age** _____ ;

() **Double** () **Two Twins** () **Single (single supplement required)**

() **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

Mail your registration form and payment to:

**Cloud Ridge Naturalists
8297 Overland Rd.
Ward, CO 80481**