**CLOUD RIDGE NATURALIST’S 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) Sea of Cortez  (2) Southeast Alaska  (3) Salish Sea/San Juan Islands  (4) In Darwin’s Footsteps**

**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) $ \_\_\_\_\_\_\_\_ Cloud Ridge Publishing’s book projects. Contribution Premium: ☐ None ☐ CRN King Penguin T-shirt/Circle Size: S M L XL**

**ACCOMMODATIONS:**

**Male ( ) Female ( ) Your Age\_\_\_\_; ( ) Double ( ) Single Preferred (single supplement required) ( ) 2 Beds**

**( ) Roommate preferred Name of roommate, if known:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DIET PREFERENCES: *SPECIAL NOTE: ALL CLOUD RIDGE TRIPS ARE NON-SMOKING***

**( ) Regular Diet ( ) Vegetarian w/fish) ( ) Vegetarian/no fish ( ) No Dairy ( ) Gluten-free ( ) Diabetic**

**FOOD ALLERGIES?: ( ) No ( ) Yes If yes, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Mail to: Cloud Ridge Naturalists, 8297 Overland Rd., Ward, CO 80481 USA***