

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