NAME(S): (Mr./Ms./Mrs./Dr.) ADDRESS: Street or P.O. Box_____ City State: Zip Code PHONE: (Day)______(Evening) ______ (Emergency Contact)_____ I (WE) WOULD LIKE TO REGISTER FOR THE FOLLOWING CONSERVATION IN FOCUS TRIP(S): • (1) Sea of Cortez • (2) Sea of Cortez • (3) Southeast Alaska • (4) 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) \$ Cloud Ridge Publishing book projects and/or gifts in memory of Bob Rozinski or Bill Bevington. 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):______ _____ Expiration Date _____ Date of Birth_____ Passport # TRAVELER 2 Full Name (as it appears on your passport): ______ Passport #_____ Date of Birth_____

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

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