

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) Glacier Bay (3) Southeast Alaska (4) Salish Sea/San Juan Islands

ENCLOSED IS MY CHECK, PAYABLE TO CLOUD RIDGE NATURALISTS, IN THE AMOUNT OF:
\$ _____ (Mail form and payment to: Cloud Ridge Naturalists, 8297 Overland Rd., Ward, CO 80481)

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 future conservation book 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: 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 _____