

ADIRONDACK MOUNTAIN CLUB OUTINGS COMMITTEE

APPLICATION AND REGISTRATION FOR ADVENTURE TRAVEL TRIPS

TRIP NAME Yellowstone in Autumn, Hiking and Natural History **Part II** DATES Sept 25 - Oct 2, 2012

TRIP LEADER: __ Sandra Hildreth 182 Lake Street, Saranac Lake, NY 12983

TOTAL COST: **\$1400.00** (BASED ON DOUBLE OCCUPANCY UNLESS OTHERWISE NOTED)

DEPOSIT REQUIRED TO REGISTER: **\$500.00 due at time of registration**

FINAL PAYMENT/BALANCE OF **\$ 900** due by June 30, 2012

If Registrant cancels prior to April 15, 2011, all payments received by ADK minus \$85.00 will be refunded.

- ◆ After June 30, 2012, refund will only be made if the vacancy can be filled from a waiting list, if any, and then all but \$85.00 will be refunded.
- ◆ If the Leader decides that this trip is not for you, or the trip is cancelled by ADK, all payments received by ADK will be refunded.

APPLICANT'S/REGISTRANT'S NAME: _____ SEX: F M Age (if under 18) ____

ADDRESS: _____

PHONE/FAX/E-MAIL: _____

ADK MEMBERSHIP # _____ CHAPTER: _____

(All trip participants must be current ADK members. If you are not a member, contact ADK Headquarters for an application form.)

FOR TRAVEL OUTSIDE OF USA: PASSPORT # _____ EXPIRATION DATE _____

IN CASE OF EMERGENCY NOTIFY:

Name: _____ Relationship: _____

Address: _____

Phone Number(s): Days: _____ Evenings: _____

PRINT YOUR NAME AS YOU WISH IT TO APPEAR ON YOUR NAME BADGE: _____

Please indicate if we may use a photograph from this trip that includes you in our future publicity: YES NO

In signing this form, the Applicant/Registrant acknowledges that he/she has read the detailed trip description and itinerary and understands and accepts the nature of the trip, its relative difficulty and physical demands, its risks and exposures, its transportation, accommodation and food arrangements, what is and what is not included in the trip cost and the terms and conditions of payment, cancellation and refund. Travel insurance to cover the trip cost and medical treatment and evacuation is recommended.

Signed: _____ Date: _____
Applicant/Registrant

Parent or Guardian if Applicant is under 18 years of age _____
Printed Name Signature Relationship Date

A complete Registration for this trip consists of:

1. This form, completed and signed.
2. Deposit (check made out to ADK in US funds, or Credit Card Authorization)
3. Signed Release of Liability Form
4. Completed and signed Health & Physical Condition Questionnaire

Send these items to the Leader at the address at the top of this form. If you have any questions, contact the Leader.