NJAS ECO-TRAVEL • c/o NJAS Headquarters
9 Hardscrabble Road • Bernardsville, NJ 07924 • 908-204-8998 (phone) • 908-204-8960 (fax)
travel@njaudubon.org • www.njaudubon.org

REGISTRATION FORM

Name of Trip: _____ Dates: _____

I/WE WISH TO REGISTER FOR THE ABOVE TRIP:

Name(s):_____Date of Birth:_____

_____Date of Birth:_____

Street Address: _____

City, State and Zip Code: _____

Home Phone: _____Business Phone: _____

Cell Phone: _____ E-mail:_____

PAYMENT INFORMATION

Cost of trip: _____ Single Supplement: _____

Payment Amount: _____
(A deposit of $500.00 is required for each participant to reserve a space on this trip unless otherwise specified.)

***Balance due for domestic tours 60 days prior to the start of the tour unless otherwise noted; for foreign tours, refer to tour information sheet.

□Check (enclosed, payable to New Jersey Audubon Society)
□Charge: □ Visa □ Mastercard □ American Express □ Discover

Card number: _____Exp:_____

Name on Card: _____

Signature: _____

ROOM INFORMATION

____ I would like a single room. (Single supplement applies.)

_____I would like to share a room. (If a roommate is unavailable, single supplement will apply)

Name of roommate (if any): _____

_____I smoke _____I do not smoke
Note: Smoking is not allowed in any vehicles or on trails during the tour.

MEDICAL/EMERGENCY INFORMATION
List any medical conditions, diet restrictions, or other special needs that could affect travel:_____

_____

Whom do we notify in an emergency? _____

_____
(Name, address, and phone number(s)

I understand and accept the conditions covering tour price, refund policy, responsibility, and terms as outlined elsewhere in the tour information. In making this application, I affirm that I have read the itinerary and am in general good health and am physically able to keep up with the group in the ordinary course of field activities. I accept as my personal risk the hazards of participation inherent in such field activities, and will not hold the New Jersey Audubon Society or its tour leaders responsible for same. I give permission for employees and volunteer leaders of New Jersey Audubon Society and employees of the closest medical facility to the activity site to admit me for EMERGENCY medical treatment that would become necessary as a result of a medical emergency during this tour. I give permission to New Jersey Audubon Society to make non-commercial use of any activity photos of myself.

Signature: _____ Date: _____

Signature: _____ Date: _____

(Each participant must sign. Parent or guardian signature is required for minors. Please confirm suitability of the tour for minors with the tour leader before registering.)

Return this form with payment to:
NJAS Eco-Travel
9 Hardscrabble Road
Bernardsville, NJ 07924
(908) 204-8998