



## TOUR REGISTRATION FORM

### NJ Audubon ECO-TRAVEL

c/o NJ Audubon Headquarters • 9 Hardscrabble Road • Bernardsville, NJ 07924  
908-204-8998x10 (phone) • 908-204-8960 (fax) • travel@njaudubon.org

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: \_\_\_\_\_

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#### PAYMENT INFORMATION

Trip Cost: \$ \_\_\_\_\_/person      Single Supplement: \$ \_\_\_\_\_

Optional Extension: \$ \_\_\_\_\_/person      Single Supplement: \$ \_\_\_\_\_

Number of people traveling: \_\_\_\_\_      Total Amount Due: \$ \_\_\_\_\_

Initial deposit enclosed: \$ \_\_\_\_\_

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

**NOTE: 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)

Charge:       Visa       Mastercard       American Express       Discover

Card number: \_\_\_\_\_ Exp: \_\_\_\_\_/\_\_\_\_\_ security code: \_\_\_\_\_

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: Participants are asked to refrain from smoking in vehicles or in proximity to other tour participants.**

**MEDICAL/EMERGENCY INFORMATION (confidential)**

List any medical conditions, diet restrictions, or other special needs that could affect travel and that our leaders should know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Whom do we notify in an emergency? \_\_\_\_\_

\_\_\_\_\_

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

**TRAVEL INSURANCE**

**NJA strongly suggests that you purchase travel insurance and/or trip cancellation insurance. Please check with your insurance agent or call our offices for more information.**

\_\_\_\_ I/We have/will purchase travel insurance for this tour.

\_\_\_\_ I/we elect not to purchase travel/cancellation insurance, and are fully aware of the financial consequences to us due to accident or illness, emergency evacuation/repatriation during the trip or in the event NJA cancels the tour enroute due to unforeseen circumstances.

**ACKNOWLEDGEMENT and ACCEPTANCE**

I understand and accept the conditions covering tour price, refund policy, responsibility, and terms as outlined elsewhere in the tour information and NJA policies. 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 or its tour leaders responsible for same. I give permission for employees and volunteer leaders of New Jersey Audubon 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 also give permission to New Jersey Audubon 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:**

NJ Audubon Eco-Travel

9 Hardscrabble Road, Bernardsville, NJ 07924

As fax to: 908-204-8960 • As email attachment to: travel@njudubon.org