## CLOUD RIDGE NATURALIST'S REGISTRATION FORM

NAME: (M (1)	/Ms./Mrs./Dr.)
(2)	
ADDRESS:	
Street or P.	. Box:
City:	State: Zip:
PHONE. (I	ny & Evening)
E-MAIL:	y & Evening)
	ULD LIKE TO REGISTER FOR:
(1)	
(2)	
AMOUNT WITH A C	IS MY CHECK, PAYABLE TO CLOUD RIDGE NATURALISTS, IN THE F: \$; PLEASE INDICATE THE TYPE OF PAYMENT BELOW ECK MARK:
	<b>Deposit</b> All deposits are shown in parentheses, payable to Cloud Ridge Naturalists ise noted. Unfortunately, Cloud Ridge cannot accept credit cards.
	<b>Deposit</b> (Russian Far East or South Georgia Island) Deposits of 25% of the total trip red to reserve space on these trips.
	<b>'ull Payment.</b> The balance for all Cloud Ridge trips is due, less the deposit, 90 days ture unless otherwise noted.
In addition	would like to make a tax-deductible contribution to Cloud Ridge Naturalists:
\$	Cloud Ridge Supporting Membership (\$25)
\$	Cloud Ridge Sponsor (\$50 or more) Sponsor Premium: CRN King Penguin T-Shirt Size: S ( ) M ( ) L ( ) XL ( )
	I do not wish to receive a premium.
\$	Cloud Ridge International Conservation Education & Research Fund

ACCOMMODATIONS:
Male () Female () Your Age; () Single Preferred () Double () Two Twins () Roommate Preferred
SPECIAL INTERESTS:
DIET PREFERENCES:
( ) Regular Diet ( ) Vegetarian w/Fish ( ) Vegetarian no/Fish ( ) No Dairy
FOOD ALLERGIES? () NO () YES Please specify below:
SPECIAL NOTE: ALL OF OUR TRIPS ARE NON-SMOKING PASSPORT INFORMATION REQUIRED FOR ALL INTERNATIONAL TRIPS
(1) Name (on passport)
Passport # Date of Issue
Expiration DateDate of Birth
(2) Name (on passport)
Passport #Date of Issue
Expiration Date Date of Birth
Mail your completed form to:
Cloud Ridge Naturalists 8297 Overland Road Ward, CO 80481
Questions? Contact: Audrey Benedict Email: cloudridgeadb@earthlink.net

Phone: (303) 459-3248 Web Brochure: www.CloudRidge.org

Would you like us to mail a brochure to a friend?