

CLOUD RIDGE NATURALIST'S REGISTRATION FORM

NAME: (Mr./Ms./Mrs./Dr.)

(1)

(2)

ADDRESS:

Street or P.O. Box:

City:

State:

Zip:

PHONE:(Day & Evening)

E-MAIL:

I (WE) WOULD LIKE TO REGISTER FOR:

(1)

(2)

ENCLOSED IS MY CHECK, PAYABLE TO CLOUD RIDGE NATURALISTS, IN THE AMOUNT OF: \$ _____; PLEASE INDICATE THE TYPE OF PAYMENT BELOW WITH A CHECK MARK:

_____ **Deposit** All deposits are shown in parentheses, payable to Cloud Ridge Naturalists unless otherwise noted. Unfortunately, Cloud Ridge cannot accept credit cards.

_____ **Full Payment.** The balance for all Cloud Ridge trips is due, less the deposit, 90 days prior to departure.

In addition, I 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 Circle 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 PREFERNCES:

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 Date _____ **Date 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?