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 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 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?