

CLOUD RIDGE NATURALIST'S REGISTRATION FORM

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

(1) _____

(2) _____

EMAIL ADDRESS: _____

Street or P.O. Box _____

City _____ **State:** _____ **Zip Code** _____

PHONE: (Day) _____ **(Evening)** _____ **(Emergency Contact phone)** _____

Name of Contact _____ **EMAIL:** _____

I (WE) WOULD LIKE TO REGISTER FOR THE FOLLOWING CONSERVATION IN FOCUS TRIP(S):

- (1) Sea of Cortez (2) Southeast Alaska (3) Salish Sea (4) North Spitsbergen (5) South Georgia/Falklands

ENCLOSED IS MY CHECK, PAYABLE TO CLOUD RIDGE NATURALISTS, IN THE AMOUNT OF:

\$ _____

PLEASE INDICATE THE TYPE OF PAYMENT BELOW:

Deposit *(All deposits are shown in parentheses, payable to Cloud Ridge Naturalists unless otherwise noted. Cloud Ridge cannot accept credit cards for payment at this time.)*

Payment in Full *(The balance for all Cloud Ridge trips is due, less the deposit, 90 days prior to departure. If you are registering for a trip within 90 days of departure, payment in full is required.)*

In addition, I would like to make a tax-deductible contribution to Cloud Ridge Naturalists:

\$ _____ **Cloud Ridge Supporter (\$25)**

\$ _____ **Cloud Ridge Sponsor (\$50 or more)**

\$ _____ **Cloud Ridge Publishing Projects and/or Gifts In Memory (Bob Rozinski or Bill Bevington)**

Contribution Premium: None CRN King Penguin T-shirt (Circle Size: S M L XL)

ACCOMMODATIONS:

Male () Female () Your Age ____; () Double () Single Preferred (priced at double occupancy rate) () 2 Beds
() Roommate preferred Name of roommate, if known: _____

DIET PREFERENCES: [SPECIAL NOTE: ALL CLOUD RIDGE TRIPS ARE NON-SMOKING]

() Regular Diet () Vegetarian w/fish () Vegetarian/no fish () No Dairy () Gluten-free () Diabetic

FOOD ALLERGIES?: () No () Yes If yes, please specify: _____

PASSPORT INFORMATION REQUIRED ONLY FOR INTERNATIONAL TRIPS:

TRAVELER 1:

Full Name (as it appears on your passport): _____

Passport # _____ **Expiration Date** _____ **Date of Birth** _____

TRAVELER 2

Full Name (as it appears on your passport): _____

Passport # _____ **Expiration Date** _____ **Date of Birth** _____

Mail to: Cloud Ridge Naturalists, 8297 Overland Rd., Ward, CO 80481 USA