

# NEW JERSEY AUDUBON ECO-TRAVEL

## Registration Form



| TRIP INFORMATION |                  |
|------------------|------------------|
| TOUR NAME:       | DATES OF TRAVEL: |

| TRAVELER INFORMATION – TRAVELER 1 |  |                |  |                  |     |
|-----------------------------------|--|----------------|--|------------------|-----|
| Last Name                         |  | First          |  | M.I.             | DOB |
| Street Address                    |  |                |  | Apartment/Unit # |     |
| City                              |  | State          |  | ZIP              |     |
| Home Phone                        |  | Business Phone |  | Cell Phone       |     |
| Email Address                     |  |                |  |                  |     |

| TRAVELER INFORMATION – TRAVELER 2 |  |                |  |                  |     |
|-----------------------------------|--|----------------|--|------------------|-----|
| Last Name                         |  | First          |  | M.I.             | DOB |
| Street Address                    |  |                |  | Apartment/Unit # |     |
| City                              |  | State          |  | ZIP              |     |
| Home Phone                        |  | Business Phone |  | Cell Phone       |     |
| Email Address                     |  |                |  |                  |     |

| TOUR COST INFORMATION  |   |
|--|---|
| TRIP COST/PERSON:  | SINGLE SUPPLEMENT:                              |
| OPTIONAL EXTENSION (if applicable)/PERSON:   | SINGLE SUPPLEMENT:                              |
| NUMBER OF PEOPLE TRAVELING:  | <b>TOTAL PAYMENT AMOUNT (X # OF TRAVELERS):</b> |
| Initial Deposit Paid:  |   |
| <p>A payment of \$500.00 is required for each traveler to reserve a space on this trip unless otherwise specified in the deposit requirements.</p> <p>***Balance due for domestic tours 60 days prior to the start of the tour unless otherwise noted; for foreign tours, please refer to tour information sheet</p> |   |

| PAYMENT INFORMATION   |  |
|---|--|
| <p>***Please note, registration is not official until this form and deposit payment hve been received at New Jersey Audubon. You will receive a written confirmation by mail.</p> |  |
| <p>___ Check payable to New Jersey Audubon, 600 Route 47 North, Cape May Court House, NJ 08210 Attn: René - EcoTravel</p>   |  |
| <p>___ Credit Card      Visa      Mastercard      American Express      Discover</p>  |  |
| Card Number:  | Exp. Date:      3 or 4 number security code:   |
| Name on Card:   | <p>___ By checking here, I give permission to NJ Audubon to charge my credit card for deposit listed above for this tour</p> |

| TOUR PARTICULARS |   |  |
|------------------|---|--|
| <b>LODGING</b>   | I would like a single room<br>(Single supplement applies) | I would like to share a room.<br>(If a roommate is unavailable, single supplement will apply.) |
|                  | Name of roommate (if applicable):                         |  |

|                |         |                |
|----------------|---------|----------------|
| <b>SMOKING</b> | I smoke | I do not smoke |
|----------------|---------|----------------|

Please note, smoking is NOT permitted in any vehicles or near other tour participants.

|                              |                            |                   |   |
|------------------------------|----------------------------|-------------------|---|
| <b>FOOD</b>                  | I have no food limitations | I am a vegetarian | I have food restrictions/allergies as noted |
| Food restrictions/allergies: |                            |                   |   |

| MEDICAL / EMERGENCY INFORMATION  |  |                |  |            |  |
|--|--|----------------|--|------------|--|
| List any medical conditions or other special needs that our tour leaders should be aware of and/or could affect travel or your participation in the tour activities. |  |                |  |            |  |
|  |  |                |  |            |  |
| Whom should we notify in an emergency?   |  |                |  |            |  |
| Last Name  |  |                |  | First      |  |
| Home Phone   |  | Business Phone |  | Cell Phone |  |

| TRAVEL INSURANCE  |
|---|
| <b>NJA strongly suggests that you purchase travel insurance and/or trip cancellation insurance.</b>   |
| ___ 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   |      |
|--|------|
| <p>___ By checking here, 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.</p> <p>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. By affixing your name below, you attest that it is the same as your signature.</p> |      |
| Signature  | Date |
| Signature  | Date |

**Return this form with payment to: NJ Audubon Eco-Travel, Attn. René**  
**c/o Center for Research and Education**  
**600 Route 47 North, Cape May Court House, NJ 08210**  
**As fax to: 609-861-1651 • As email attachment to: travel@njaudubon.org**