



REGISTRATION FORM

Program Name and Dates applied for: _____
Participant's Full Name: _____
Street Address: _____
City: _____ Zip Code: _____
Phone: (H) _____ (O) _____
Email: _____
Gender: (f) _____ (m) _____ Date of Birth (m/d/yr): _____

Current outdoors interests & experience:

Your interest in this program and/or course is _____

Any Specific Medical Conditions or concerns we should be aware of as regards your participation in this course?

Emergency Contact Name/Phone/Email: _____

The fee for the above program is \$ _____.
____ I have included a check for the amount with the completed registration form.
____ I will call Penn Trails with a credit card number for the program fee.

Please make your check out for the full program/course fee of \$ _____
Please mail your payment and form(s) to:
PENN TRAILS LLC
9 DOGWOOD DRIVE, NEWVILLE, PA 17241

PLEASE NOTE: The fee you have paid will be forfeited and non-refundable 15 days prior to the first day of the program, regardless of your reason for cancellation.