



REGISTRATION FORM

Today's Date: _____

	Main Contact Person	Participant #2	Participant #3	Participant #4	Participant #5	Participant #6
Name: <i>(first & last)</i>						
Relationship to Main Contact Person?	N/A					
Mailing Address:						
Phone:						
Email:						
Food Allergies:						
Food Dislikes:						
Are there any health issues we should know about? Yes/No*						
Emergency Contact Name						
Emergency Contact Number						

* If a participant should answer Yes to health issues, we will contact that participant prior to the trip to discuss the details.