

# Registration Form for the RBCU Adventure Club Day Trip

Day Trip You Are Registering For \_\_\_\_\_

Name of RBCU Adventure Club Member(s) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\*Cell phone (you carry with you on the trip): \_\_\_\_\_

Handicap-accessible \_\_yes or \_\_no

List any dietary allergies \_\_\_\_\_

## Guest information:

1. \_\_\_\_\_

2. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\*Cell phone: \_\_\_\_\_

Handicap-accessible \_\_yes or \_\_no

List any dietary allergies \_\_\_\_\_

Amount enclosed: \_\_\_\_\_

\* RBCU does will not disclose your contact information.