

Registration Form for the RBCU Adventure Club Overnight

Rooming Information:

_____ Single _____ Double _____ Triple _____ Quad

Handicap-accessible __yes or __no

List any dietary allergies _____

Guest information for person(s) in this room:

Name and birth date:

1. _____

2. _____

3. _____

4. _____

Address: _____

*Email of each person on the trip: _____

Home Phone: _____

*Cell Phone No. of each person on the trip (in case of separation from the group):

Amount enclosed: _____

*RBCU will not sell your contact information