



# Laketrails Base Camp

Adult Program Registration

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Preferred phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

- Women's Way Canoe Trip: July 14-20, 2019 \$500
- Laketrails Birding Retreat: Aug. 29-Sept. 1, 2019 \$175

<b><u>Emergency Contact Information</u></b>	
Name	_____
Phone	_____

## **Payment Information**

*Adult trip fees are \$500; Birding Retreat fees are \$175. A non-refundable deposit of \$100 is due upon registration. Balance is due 4 weeks prior to the starting date of the session. However, if registering less than 4 weeks in advance, please contact the Laketrails office to arrange payment. Refunds are at the discretion of Laketrails Base Camp. An additional evacuation fee of up to \$100 will be billed to the participant if evacuation from trail is necessary.*

Paying by: check \_\_\_\_\_ credit card \_\_\_\_\_

VISA  Mastercard  Amount \_\_\_\_\_ Name on card: \_\_\_\_\_

CSC # \_\_\_\_\_ Expiration \_\_\_\_\_ Mailing address: \_\_\_\_\_

Card # \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

## **Health Information**

*Laketrails Base Camp is located approximately 2 hours from the nearest medical facility, and participants are considerably farther away when "on trail." The canoe trip participant will be involved in a strenuous camping program including a five day wilderness canoe trip that entails several hours of paddling each day and lifting canoes or packs weighing from 40-80 lbs. Loading and unloading canoes often takes place on wet, slippery, and rocky surfaces. It is important that the participant understand the rigors of the trail experience. Whether in Base Camp or on trail, Laketrails must be made aware of any health conditions that could have an effect on participation.*

**ALL PARTICIPANTS MUST COMPLETE THE LAKETRAILS ADULT PROGRAM HEALTH FORM.**

I accept all responsibility and risks for participation in the  Women's Way Canoe Trip or  Laketrails Birding Retreat. I authorize Laketrails to use for promotional purposes any photos or videos of me while participating in the Laketrails program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please mail completed form with payment to: **Laketrails Base Camp, P.O. Box 810, Warroad, MN 56763** or email to: **info@laketrails.org**.  
After May 31st mail to: **Laketrails Base Camp, P.O. Box 25, Oak Island, MN 56741**