



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
- LOW Artists' Retreat: Sept. 5-8, 2019 \$300

Emergency Contact Information

Name _____

Phone _____

Payment Information

Adult trip fees are \$500; Birding Retreat fees are \$175; Artists' Retreat fees are \$300. 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 Laketrails Birding Retreat LOW Artists' Retreat
I authorize Laketrails Base Camp 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**