



# Laketrails Base Camp

Adult Program Registration

Name \_\_\_\_\_

- Women's Way Canoe Trip: July 19-25, 2020 \$500
- LOW Artists' Retreat: Sept. 10-13, 2020 \$300

Address \_\_\_\_\_

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

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

Email \_\_\_\_\_

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

### **Payment Information**

*Women's trip fees are \$500; 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

Amount \_\_\_\_\_

Name on card: \_\_\_\_\_

Card # \_\_\_\_\_

Mailing address: \_\_\_\_\_

Expiration \_\_\_\_\_ CSC # \_\_\_\_\_

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.*

**Any dietary restrictions must be made known at time of registration. Please complete the form below.**

**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  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](mailto:info@laketrails.org).  
From May 31 - Sept. 10, 2020 mail to: **Laketrails Base Camp, P.O. Box 25, Oak Island, MN 56741** or email to: [info@laketrails.org](mailto:info@laketrails.org).*



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Name \_\_\_\_\_

## Dietary Information:

Laketrails Base Camp will make a concerted effort to accommodate *medically necessary* dietary restrictions. However, we cannot guarantee food availability for all food *preferences*. Camp food is ordered and delivered weekly and in bulk quantities until mid-August, so not all foods are always available to us. Please contact the camp office at 218-223-8281 with any dietary questions or concerns, and be prepared to supply some of your own foods if we cannot accommodate you. Thank you for understanding.

### Please check the appropriate comments:

\_\_\_\_\_ I eat a "regular" and varied diet. No concerns.

\_\_\_\_\_ I am allergic to these foods: \_\_\_\_\_

\_\_\_\_\_ I am a vegetarian.

\_\_\_\_\_

\_\_\_\_\_ I am a vegan.

\_\_\_\_\_ I *prefer* not to eat these foods: \_\_\_\_\_

\_\_\_\_\_ I am lactose intolerant.

\_\_\_\_\_

Please comment on any food-related issues you may have.

\_\_\_\_\_  
\_\_\_\_\_

*Thank you!*  
*Laketrails Kitchen Staff*

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