



**AUDUBON NATURALIST SOCIETY  
NATURE TRAVEL PROGRAM RESERVATION FORM**

Please complete this form and mail it as soon as possible with your deposit check, payable to the Audubon Naturalist Society, 8940 Jones Mill Road, Chevy Chase, MD 20815. If you have any questions, contact Carol Hayes at (301) 652-9188 x10.

**New Mexico: A Natural History Exploration**  
**May 15-22, 2019**

1) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone: Home/Cell \_\_\_\_\_ Work \_\_\_\_\_ E-mail: \_\_\_\_\_

Preferred name(s) for name badge(s) if different from above: \_\_\_\_\_

I need a permanent ANS luggage tag \_\_\_\_\_ yes \_\_\_\_\_ no

\_\_\_\_\_ Check here if a member of the Audubon Naturalist Society \_\_\_\_\_ I am joining ANS at this time.

Emergency contact person(s): \_\_\_\_\_

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

Telephone, Home/Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Note: If we cannot match you with a roommate, payment of the single room supplement will be required.**

\_\_\_\_\_ I wish to have a single room **whenever possible** and will pay the extra fee.

\_\_\_\_\_ I/We wish to have a double room whenever possible. Two beds \_\_\_\_\_ One bed \_\_\_\_\_

My roommate: \_\_\_\_\_ (or) I need an assigned roommate: \_\_\_\_\_

Do you smoke? \_\_\_\_\_ Do you prefer non-smoking rooms? \_\_\_\_\_ Will you share a room with a smoker? \_\_\_\_\_

**NOTE: If you have any medical conditions that could possibly become evident during the trip, please note this information on the back of this form or on another page. We will also be sending out a Health Information Form in a separate mailing.**

--OVER--

How did you find out about this trip? \_\_\_\_\_

Briefly note your natural history interests or goals for this trip: \_\_\_\_\_

Enclosed is a deposit check for \$\_\_\_\_\_.

_____	_____
signature	date
_____	_____
signature	date

***PLEASE NOTE:*** *Your signature and deposit denote acceptance of the terms set forth in the attached itinerary/important information sheet, and responsibility clause.*

I consent to the following statement of risk and acknowledgement of liability: I know and understand that there may be risks and dangers involved in the above activities, and that ANS does not carry accidental injury insurance on participants. In case of medical emergency, ANS has my permission to secure emergency treatment for me. I will assume liability for any expenses incurred in such an emergency. I waive and release ANS and its agents from all liability for any personal injuries, illness, loss or property damage. ANS reserves the right to use photos of participants for non-commercial, informational purposes.