



**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.

Mexico: Winter Roosts of the Monarch Butterflies
February 29-March 6, 2020; optional pre-trip February 26-29

1) Name (as appears on passport) _____ Date of Birth: _____

Passport #: _____ Expiration Date: _____

2) Name (as appears on passport) _____ Date of Birth: _____

Passport #: _____ Expiration Date: _____

Address: _____

Phone: Home/Cell _____ Work _____ E-mail: _____

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

I need a permanent orange ANS luggage tag _____ yes _____ no

_____ Check here if a member of the Audubon Naturalist Society _____ I am/we are 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.

If available, we prefer 2 two twin beds _____ One bed (might be a double/king/or queen) _____

My roommate: _____ (or) I need an assigned roommate: _____

I/We am/are signing up for the optional extension _____ yes _____ no

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 more detailed 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.