

## ADK CYCLE OUTING REGISTRATION FORM

LOCATION: Potsdam, NY, Clarkson University campus

Registration accepted beginning January 1, 2019

Option 1: June 9-14 Shared Double Room \$350\_\_\_\_ Single Room \$475\_\_\_\_ Optional Linen Service \$25\_\_\_\_

Option 2: June 14-19 Shared Double Room \$350\_\_\_\_ Single Room \$475\_\_\_\_ Optional Linen Service \$25\_\_\_\_

Option 3: June 9-19 Shared Double Room \$620\_\_\_\_ Single Room \$870\_\_\_\_ Optional Linen Service \$50\_\_\_\_

DEPOSIT REQUIRED TO REGISTER: \$100

Final Payment Due: May 1, 2019

- ◆ **After May 1, refund will only be made if the vacancy can be filled from a waiting list maintained by the Leader, if any, and then all but \$ 100.00 will be refunded.**
- ◆ **If the Leader decides that this trip is not for you, or the trip is canceled by ADK, all payments received by ADK will be refunded.**
- ◆ **Trip insurance is recommended!**

APPLICANT'S/REGISTRANT'S NAME: \_\_\_\_\_ SEX: F M Age (if under 18) \_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE/E-MAIL: \_\_\_\_\_

ADK MEMBERSHIP # \_\_\_\_\_ CHAPTER: \_\_\_\_\_

(All trip participants must be current ADK members. If you are not a member, contact ADK Headquarters for an application form.)

IN CASE OF EMERGENCY NOTIFY:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone Number(s): Days: \_\_\_\_\_ Evenings: \_\_\_\_\_

PRINT YOUR NAME AS YOU WISH IT TO APPEAR ON YOUR NAME BADGE: \_\_\_\_\_

May we use a photograph from this trip which includes you in our future publicity: YES NO

**In signing this form, the Applicant/Registrant acknowledges that he/she has read the detailed trip description and itinerary and understands and accepts the nature of the trip, its transportation, accommodation and food arrangements, what is and what is not included in the trip cost and the terms and conditions of payment, cancellation and refund.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant/Registrant

Parent or Guardian if Applicant is under 18 years of age \_\_\_\_\_  
Printed Name Signature Relationship Date

ATTACH and send to Leader with Deposit check made out to ADK in US funds.

Send to: Tom Ortmeyer  
15 Lawrence Avenue  
Potsdam, NY 13676  
tortmeyer@gmail.com