

SCHUYLKILL RIVER SOJOURN 2018

If you have any questions, please call 484-945-0200

Mail completed original forms and payment to: Schuylkill River Greenways, NHA • 140 College Drive • Pottstown, PA 19464

PLEASE PRINT LEGIBLY AND NEATLY

1. Name: _____ Age: _____ ACA member #: _____ vegetarian meals
 2. Name: _____ Age: _____ ACA member #: _____ vegetarian meals
 3. Name: _____ Age: _____ ACA member #: _____ vegetarian meals
 4. Name: _____ Age: _____ ACA member #: _____ vegetarian meals

Main Contact Street Address: _____ Daytime Phone: (____) _____

City: _____ State: _____ Zip: _____ E-mail: _____

Other registrants' e-mail(s): _____

| | | | Adult | Children 15 & under | TOTALS |
|-------------|-----------|--------|---------------|---------------------|----------|
| Day 1 | Saturday | June 2 | _____ x \$100 | _____ x \$75 | \$ _____ |
| Day 2 | Sunday | June 3 | _____ x \$100 | _____ x \$75 | \$ _____ |
| Day 3 | Monday | June 4 | _____ x \$100 | _____ x \$75 | \$ _____ |
| Day 4 | Tuesday | June 5 | _____ x \$100 | _____ x \$75 | \$ _____ |
| Day 5 | Wednesday | June 6 | _____ x \$100 | _____ x \$75 | \$ _____ |
| Day 6 | Thursday | June 7 | _____ x \$100 | _____ x \$75 | \$ _____ |
| Day 7 | Friday | June 8 | _____ x \$90 | _____ x \$65 | \$ _____ |
| * FULL TRIP | | | _____ x \$655 | _____ x \$490 | \$ _____ |
| TOTAL \$ | | | | | _____ |

Schuylkill River Greenways NHA Members deduct 10% from TOTAL only (\$ _____)

SUBTOTAL \$ _____

Tech SHIRTS ARE \$15.00 each. Indicate the number of shirts in Adult Sizes: S _____ M _____ L _____ XL _____ XXL _____ \$ _____

Non-ACA members must pay an event insurance fee Adult _____ x \$5 Children _____ x \$5 \$ _____

* FULL Trip ONLY Return SHUTTLE from Philadelphia to Schuylkill Haven: \$25.00 per person \$ _____

After May 18, per person late fee \$10.00 \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

CANCELLATION POLICY: Refunds will be given, minus a \$25 processing fee, if request is received by May 25, 2018.
 We can't give refunds after May 25th because all meals and services will have been ordered.

PAYMENT METHOD: Check enclosed (payable to **Schuylkill River Greenway Association**) Charge my Visa/Mastercard

Name on Card: _____ Card #: _____ - _____ - _____ exp. date: _____

Billing Address (if different from primary address above): _____

Signature: _____