

REGISTRATION FORM

Print a copy of this form, scanned & completed, and email to us

Birding Tour Dates: _____

Name(s): (Dr./Mr./Mrs.Ms.) _____

Street address: _____

City: _____ State _____ Zip-code: _____

Telephone: (Home) _____ (Work) _____ E-mail: _____

Level of birding interest: _____ Bird Wish List or Targets (please add an additional page or email us yours)

Any other special interests: _____

Physical limitations _____

Any health concerns about which we should be notified _____

Diet preferences / Smoking or Non Smoking _____

Emergency contact information is required in case of accident; please write down name and phone numbers:
