

SCHUYLKILL RIVER SOJOURN 2017

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

Mail completed original forms and payment to: Schuylkill River Heritage Area • 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 3	_____ x \$95	_____ x \$75	\$ _____
Day 2	Sunday	June 4	_____ x \$95	_____ x \$75	\$ _____
Day 3	Monday	June 5	_____ x \$95	_____ x \$75	\$ _____
Day 4	Tuesday	June 6	_____ x \$95	_____ x \$75	\$ _____
Day 5	Wednesday	June 7	_____ x \$95	_____ x \$75	\$ _____
Day 6	Thursday	June 8	_____ x \$95	_____ x \$75	\$ _____
Day 7	Friday	June 9	_____ x \$85	_____ x \$65	\$ _____
* FULL TRIP			_____ x \$620	_____ x \$490	\$ _____
					TOTAL \$ _____

SRHA Members (Or become a member below) deduct 10% from TOTAL only (\$ _____)**

SUB TOTAL \$ _____

****Become a SRHA Member: One Participant add \$62.00 / Two or more Participants add \$100.00 \$ _____**

TRIP GRAND TOTAL \$ _____

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 19, 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 26th.
 We can't give refunds after May 26th 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: _____