

ANS Environmental Education Programs Registration Form

(Not for USDA Natural History Field Studies or Summer Camp)

Please fill out information clearly. Questions? Call (301) 652-9188 ext 16

Registration Options:

1. **Mail-in:** Print out this form and send it with payment to (Make check payable to Audubon Naturalist Society):
Audubon Naturalist Society Education Programs, 8940 Jones Mill Chevy Chase, MD 20815
2. **Fax:** Fax the completed form, with credit card information, to **(301) 951-7179**

I am ___ am not ___ a member of the Audubon Naturalist Society.

Member ID #: _____ (Check your mailing label on reverse.)

Name of adult(s)						
Child's Name		Birthdate		Age		Grade
Child's Name		Birthdate		Age		Grade
Child's Name		Birthdate		Age		Grade
Address				Work Phone		
City State Zip				Home Phone		
Check here if this is a new address		e-mail address				
Program/Selection		Date	Participant's name (List all names)		Cost	
Please write "EE Programs" on your check):			Total Cost of Programs			
I want to join Audubon Naturalist Society at this time so I can continue to receive the Educational Program Brochure. Nonmembers may enclose \$50 for a year's family membership or \$40 for year's individual membership and sign up at member's rates.						
YES! Sign me up for MEMBERSHIP						
I wish to donate \$1 to help with printing and mailing costs:						
Method of Payment: Check ___ Visa ___ MC ___		Card #				Exp. Date
Cardholder Signature:						

★ **May we give out your phone number to registrants who would like to carpool?** Yes ___ No ___ ★

If I/we appear in a photograph taken during an ANS program, I/we give ANS permission to use that photo for non-commercial, informational purposes. Yes ___ No ___

In registering for the above activities, I am consenting 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 the ANS does not carry accidental injury insurance on participants. In case of medical emergency, ANS has my permission to secure emergency treatment for me/my child. I will assume liability for any expenses incurred in such an emergency. I waive and release ANS and its employees from all liability for any personal injuries, illness, loss or property damage.