



Finger Lakes Trail Conference 2015 Cross-County Hike Series Registration

Name(s): _____

Mailing Address: _____ City: _____ ZIP: _____

Email: _____ (preferred way to communicate with you?) _____ yes _____ no

Home Phone: _____ Cell phone or Pager: _____

Emergency Contact (friend or relative not hiking with you): _____ Telephone: _____

Anticipated Hiking Speed: Fast Medium-Fast Medium Medium-Slow Slow

* I am not currently an FLTC member, but would like to join at a discounted rate of \$20 (individual) or \$25 for a household (membership through 3/31/16) Membership: \$ _____
(New Members only; not to be used for renewals)

* I would like _____ set(s) of 5 FLT Maps (M5-9) for this hike series (\$7.50) Maps: \$ _____
(Tax included; free shipping)

* Registration fee: _____ adults @ \$40, _____ children under 18 with adult @ \$35. Total Fees: \$ _____

Total Enclosed: \$ _____

Mail this form, **postmarked by 4/1**, with a check payable to: **Finger Lakes Trail Conference**,
6111 Visitor Center Road, Mt Morris, NY 14510, or with the following credit card information,:

Check one: Visa MasterCard

Card Number: _____ - _____ - _____ - _____ Expiration: ____ / ____

Ex_ Name on Card: _____

SIGNATURE for payment by credit card: _____

Please Read and Sign the Following Waiver:

Those persons enjoying the Finger Lakes Trail (FLT) and/or activities sponsored by the Finger Lakes Trail Conference (FLTC) or any clubs conducting activities on behalf of, or in support of the FLTC, accept full, personal responsibility for their own well-being, or, for the well-being of a minor when acting in the capacity of parent or guardian. Furthermore, users of the Finger Lakes Trail accept and understand that hiking is a rigorous activity often conducted in rugged, outdoor conditions subject to variations in weather and terrain that may involve the risk of injury or death, and that they are fully responsible for their own safety and for selecting activities consistent with their physical capabilities.

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

Postmark by April 1, 2015!
Must be received by April 5
May be faxed to 585-658-2390