

REGISTRATION FORM
 2018 NEMF Samuel Ristich Foray, July 26-29, 2018
 Geneseo College, Geneseo, N.Y.

Name(s): _____ City: _____ State: _____ Zip: _____

_____ Phone: _____

Address: _____ e-mail: _____

_____ Club Affiliation(s): _____

___ Male ___ Female I would like to share a room with _____

Special requirements (e.g., handicap, vegetarian): _____

___ I need -or- ___ I can provide transportation to Geneseo. ___ I volunteer to help at the Foray.

Liability Waiver: ALL adult members in the group must sign and date.

By signing below, I release the Mid York Mycological Society, Central New York Mycological Society, Rochester Area Mycological Association, Susquehanna Valley Mycological Society, the Northeast Mycological Federation, Inc., officers and members, Geneseo College, my fellow foray participants and instructors from any and all liability and loss arising from any accident, injury or illness which may result from activities at the NEMF Samuel Ristich Foray. I agree to provide my own whistle for forays.

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

Fee: All fees are per person

	Rate	# Attending	Total
Single Occupancy, Thurs.-Sun., 8 meals	\$425	x _____	= _____
Single Occupancy, Fri.-Sun., 6 meals	\$360	x _____	= _____
Double Occupancy, Thurs.-Sun., 8 meals	\$380	x _____	= _____
Double Occupancy, Fri.-Sun., 6 meals	\$330	x _____	= _____
Triple Occupancy, Thurs.-Sun., 8 meals	\$320	x _____	= _____
Commuters, Thurs.-Sun., 8 meals, all activities	\$270	x _____	= _____
Commuters, Fri.-Sun., 6 meals, all activities	\$240	x _____	= _____
Commuters, Fri. only, meals and all activities	\$100	x _____	= _____
Commuters, Sat. only, meals including banquet, all activities	\$130	x _____	= _____
Late Registration Fee (postmarked after June 15, 2018)	\$30	x _____	= _____

TOTAL AMOUNT _____

Registration Deadline: June 30, 2018

Make checks payable to **NEMF** in U.S. Dollars drawn on a U.S. Bank for the total amount above.

Please mail check and this form to:

Peter Molesky
 7313 Oriskany Road
 Rome, N.Y. 13440

Questions:

NEMF2018registrar@gmail.com
 or call Peter at (315) 339-3515
 or visit www.nemf.org

Confirmation of registration will be sent by E-mail or by regular mail if no E-mail address is provided.

Cancellation Policy: Prior to June 15, 2018, refunds are subject to a \$30 cancellation fee per person. After that date, contact registrar, Peter Molesky.

WHISTLES ARE REQUIRED