



Dan River Sojourn 2011: A Passage Through Time
Registration Form
Deadline: May 1, 2011

Please complete one form for each member of your party; please be as thorough as possible; use N/A (not applicable) when necessary. Please print using black or blue ink, thank you!

Name _____ DOB _____

Address _____ Phone #1 _____

City/State/Zip _____ Phone #2 _____

Registration Fees (please indicate the events you will be attending); welcome bag, T-Shirt, gear transport, shuttle and programs included each day.

- _____ **Friday Evening dinner and camp** **\$25.00**
- _____ **Saturday Paddle and three meals** **\$60.00**
- _____ **Sunday Paddle and two meals** **\$60.00**
- _____ **Through paddlers (Friday - Sunday) special rate** **\$130.00**
- _____ **Children ages 8 -- 10 with adult guardian 'through paddler'** **\$65.00**

Item 1: Total Sojourner Fees Due -- **\$ _____**

Sojourner's T-shirt Size: S, M, L, XL, XXL _____

Guest(s) are invited to join the meals and programs; please register guests in advance and include payment.
 Guest (ages 6 and up) meals: \$10.00 each breakfast/lunch; \$20.00 dinner. T-shirts are available for your guest at \$15.00 each.

The following guest(s) will be visiting during the sojourn:

Guest Name	Friday		Saturday		Sunday		T-Shirt <small>(please indicate size below)</small>	Total
	Dinner \$20.00	Breakfast \$10.00	Lunch \$10.00	Dinner \$20.00	Breakfast \$10.00	Lunch \$10.00		
Item 2: Total Guest Fee		\$						

Item 1: Sojourner's Fee **\$ _____**

Item 2: Guest Fees **\$ _____**

Total Due **\$ _____**

My check is enclosed **# _____**

I paid online using PayPal on the following date

Name _____

DOB _____

Medical Information (this information will only be released to medical personnel)

I have the following **physical impairments** _____

I have the following **medical conditions** _____

In an emergency, DRBA medical personnel should be aware that I take the following **medications** (please state reason for each medication) _____

Special Dietary Needs

Emergency Contact (if you are sojourning with someone, please include information here)
Name Relationship

Emergency Contact (person not on the sojourn)

Name

Address

Relationship

Contact phone #1/#2

_____/_____

_____/_____

Participants will be required to sign an *Assumption of Risk* document; this document must be signed in the presence of DRBA personnel.

Additional information you would like DRBA staff to be aware of:

Please mail to: Dan River Basin Association ~ 413 Church St. Suite 401 ~ Eden, NC 27288

Questions? Please contact Wayne at 276.694.4449 or email danriversojourn@gmail.com

See you on the River!

