



Paper Registration Form

Please fill out one registration form per registrant.

Name: _____

Email: _____

Address: _____

City/State/Zip: _____

Phone: _____

Birth Date: _____

County of Residence: _____

Rooming Information (please select one):

___ I have a roommate (see name below).

___ Please assign me a roommate.

___ I will pay for a single room.

Roommate's name: _____

Emergency Contact Info:

Name: _____

Relationship: _____

Phone Number: _____

Photography Release

Yes, UWSP Continuing Education may use my photograph and video presence for promotional or advocacy purposes.

Initial _____

Medical Information

Insurance Provider, Address, Policy Number, and

Group Number _____

Health Conditions/Allergies _____

Dietary Needs: _____

Physical Restrictions: _____

Registration Options (circle one):

General Public	\$380
LIFE	\$360
UWSP Alumni	\$360
Veteran	\$360

Please indicate the session number you will attend in each time slot.

Sept. 10	Session A:___ Session B:___
Sept. 11	Session C:___ Session D:___ Session E:___
Sept. 12	Session F:___
Kayaking	\$12/session \$___
Single Supplement	\$94/person \$___
Minivan transportation (all 3 campuses)	\$50/person \$___
Total Enclosed \$_____	

Refund policy: Payments are non-refundable unless you find someone to take your place.

Scholarships Available (please check one)

I am interested in receiving a scholarship towards this program and would like to be considered for:

___ \$100 scholarship

___ \$200 scholarship

___ I am not interested in a scholarship

UWSP Release of Liability (REQUIRED)

I and my heirs, in consideration for my being allowed to participate voluntarily in the Chasing Autumn program through the University of Wisconsin-Stevens Point, do hereby release the University of Wisconsin System and its employees, officers, and agents from any liability for damage to or loss of personal property, sickness and injury from whatever source, legal entanglement and death, which might occur while participating in this event. I also understand and acknowledge that I am responsible for my own well being while participating, and I understand the possible dangers and risks involved in this program.

Signature of Participant/Date