

Finger Lakes Trail Conference  
2011 Hiking 101 & 201 Series Registration

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

email: \_\_\_\_\_ Preferred way to communicate with you? \_\_\_\_ yes \_\_\_\_ no

home phone: (\_\_\_\_) \_\_\_\_\_ cell phone: (\_\_\_\_) \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ contact phone # :\_(\_\_\_\_) \_\_\_\_\_

\_\_\_\_ I am not currently a FLTC member, but would like to join at a discount rate  
of \$20/individual or \$25 for a household (membership through 3/31/12). Membership: \$ \_\_\_\_\_

\_\_\_\_ I would like a set of 4 FLT Maps for this hike series (\$6.00 per set of 4) Maps: \$ \_\_\_\_\_  
(Maps CH-1, L-1, M-13, M-14) for Hiking 201

\_\_\_\_ I would like a set of 3 FLT Maps for this hike series (\$5.00 per set of 3) Maps: \$ \_\_\_\_\_  
(Maps CH-1, L-1, M-14) for Hiking 101

Cost per registrant: \$22 per adult, \$15 per child under 18 with adult. Registration: \$ \_\_\_\_\_

Total enclosed \$ \_\_\_\_\_

Mail check payable to Finger Lakes Trail Conference with this form, 6111 Visitor Center Rd,  
Mt Morris, NY 14510, or with following credit card info:

Circle one:            Visa            Mastercard

card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ expiration: \_\_\_\_ / \_\_\_\_

name on card: \_\_\_\_\_

SIGNATURE for credit card purchase only: \_\_\_\_\_

Please Read and Sign the following:

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. Further, 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 conditions which may involve the risk of injury or death, and, that we are fully responsible for our own safety and selecting activities that are consistent with our physical capabilities.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Must be received by July 23, 2011  
May be faxed to 585-658-2390