

# Finger Lakes Trail Conference 2014 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 (**circle**): Fast Medium-Fast Medium Medium-Slow Slow

\* I am not currently an FLTC member, but would like to join at a discounted rate of \$25 (individual) or \$35 for a household (membership through 3/31/15) Membership: \$ \_\_\_\_\_  
**(New Members only; not to be used for renewals)**

\* I would like \_\_\_\_ set(s) of 5 FLT Maps (M9-13) for this hike series (\$7.50) Maps: \$ \_\_\_\_\_  
(Tax included; free shipping)

\* Cost per registrant: \$40 per adult, \$35 per child under 18 with adult. Registration: \$ \_\_\_\_\_

**Total Enclosed: \$ \_\_\_\_\_**

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

Circle one:            Visa            MasterCard

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Expiration: \_\_\_\_ / \_\_\_\_

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, 2014!**  
**Must be received by April 5**  
**May be faxed to 585-658-2390**