



Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Phone: (____) _____ Fax: (____) _____
 Emergency Name/Phone: _____ (____) _____

E-Mail: _____ *May we use your E-Mail address to contact you regarding Sojourn updates? Yes ___ No ___*

How did you hear about the Delaware River Sojourn? _____

A separate liability waiver form must be completed for each person in your party. Forms are available at www.delawareriversojourn.org. Current American Canoe Association members do NOT need to pay the \$5/person one-time insurance fee; write "n/a" on the appropriate space (below) and provide your ACA # _____ and membership expiration date ___/___/___.

| 2009 Registration Form – <i>One family per form please</i> | Check the Day(s) that Each Person Will Attend | | | | | | | | Calculate Total Fees | | | | |
|--|---|-----------------------|------------------------|------------------------|-------------------------|-----------------------|-----------------------|--|---------------------------------------|---|--|--|---------------------------------|
| | Day 1 Sun. 6/21 | Day 2 Mon. 6/22 | Day 3 Tues. 6/23 | Day 4 Weds. 6/24 | Day 5 Thurs. 6/25 | Day 6 Fri. 6/26 | Day 7 Sat. 6/27 | | Total # Days for Each Person | Early Bird Daily Fee Multiply # Days by \$60 | One-Time Insurance Fee <u>\$5 Per Person</u> | After June 1 Multiply # Days by \$70 | Total Fee for Each Person |
| Name of Adults and Children Over 15 | | | | | | | | | | \$ | \$ | \$ | \$ |
| | | | | | | | | | | \$ | \$ | \$ | \$ |
| | | | | | | | | | | \$ | \$ | \$ | \$ |
| | | | | | | | | | | \$ | \$ | \$ | \$ |
| Names of Children Age 15 and Under | Day 1 Sun. 6/21 | Day 2 Mon. 6/22 | Day 3 Tues. 6/23 | Day 4 Weds. 6/24 | Day 5 Thurs. 6/25 | Day 6 Fri. 6/26 | Day 7 Sat. 6/27 | | Total # Days for Each Person | Early Bird Daily Fee Multiply # Days by \$40 | One-Time Insurance Fee <u>\$5 Per Person</u> | After June 1 Children 15 & Under \$50 | Total Fee for Each Person |
| | | | | | | | | | | \$ | \$ | \$ | \$ |
| | | | | | | | | | | \$ | \$ | \$ | \$ |
| <i>A Discount is available for first-time Delaware River Sojourn paddlers. Visit www.delawareriversojourn.org for details.</i> | | | | | | | | | Total Fees: \$ | | | | |

Pay in full when registering! Make checks payable to Upper Delaware Preservation Coalition. Please write "Sojourn 2009" in check notation section. Send check, all waivers & registration form to **Upper Delaware Preservation Coalition**, Attn: Sojourn, P.O. Box 252, Narrowsburg, NY 12764.

Check if you are requesting a canoe/kayak or will be bringing your own:

- Will need [insert number] _____ canoe(s) (two paddlers per canoe); _____ one- person kayak(s) - subject to availability, which varies depending on the livery service; _____ tandem kayak (two paddlers per tandem kayak) - subject to availability, which varies depending on the livery service.*
- Will bring own canoe/kayak.* Please indicate the number and type of boats you will be bringing: _____
- Early Bird Registration Deadline is **June 1, 2009. Register early and save \$10.00 per person per day!**
- Remember - the Sojourn is a **rain or shine** event. *Should there be unsafe high water, alternative activities are planned and meals will be provided.*
- **Refunds** will be given (by written request), minus a \$25/person processing fee, if the cancellation is received on or before noon on **Friday, June 19, 2009.**
- Refunds after noon on Friday, **June 19, 2009** will be determined on a case-by-case basis, minus a \$25/person processing fee.

By registering, you are granting the Sojourn permission to use your image in future Sojourn promotional and educational materials.