



# Event Registration Form

Please use this form to let us know important information about who is attending our events. Be sure to download and include the other forms mentioned below.

If you wish to pay by check or money order (don't send cash) you may mail it in with this form. If paying by credit card, use our secure online purchasing through our website. Go to [alabamascenicrivertrail.com](http://alabamascenicrivertrail.com) and click on our events section.

**For each person listed below, please make sure you have visited our website and downloaded the American Canoe Association waiver for adults or minors (as appropriate to each participant) and have completed the required medical form.**

Who is going on this trip (multiple names for same household)?

Name 1 .....Minor?.....

Name 2 .....Minor?.....

Name 3 .....Minor?.....

Name 4 .....Minor?.....

Name 5 .....Minor?.....

Address .....

City.....State.....ZIP.....

Phone (.....).....Email .....

Emergency contact.....Phone... ..

Name of ASRT event you're registering for .....

Any special medical or dietary requirements?.....

**After completing this form, mail it, the completed American Canoe Association waiver form and the ASRT Medical Form to:**

**Attention Peggy Pugh  
ALA-TOM RC&D Council, Inc.  
Post Office Box 355, Thomasville, Alabama 36784  
Telephone 334-636-0120 Fax 636-0122  
[www.ala-tomrcd.org](http://www.ala-tomrcd.org)**

**If you are paying by any means other than credit card, remember to include it with this form. If you need to contact a person about your registration, email [ppledger06@yahoo.com](mailto:ppledger06@yahoo.com)**