

INDIVIDUAL PROGRAM REGISTRATION FORM

This form must be submitted with your Medical/Release form to register for a program. Questions? Call 781.395.4999 TTY 781.395.4184

Participant Name _____

Email _____ Primary Phone _____

Is this your first time as an OE participant? Yes No

How did you hear about OE?

School Internet Community Group Friend Other (please specify) _____

PLEASE REGISTER ME FOR THE FOLLOWING PROGRAM(S) AND DATE(S)

Program Name	Program Date	Cost
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

If a program is full, do you wish to be placed on the waiting list? Yes No

PAYMENT INFORMATION

Total Amount Due: _____ *from Programs selected above* *Check here if applying for a scholarship*

Additional Donation: _____ *Scholarships and low OE fees result from our generous donors and friends. Your gift will help others enjoy OE trips and programs. OE is a charitable organization. Your donation may be tax deductible.*

TOTAL ENCLOSED: _____ *\$10 per person/per trip/per day required to hold spot*

Method of payment: MasterCard Visa Check Money Order *(Make checks and money orders payable to Outdoor Explorations)*

MasterCard/Visa Number _____ Expiration Date _____

Name on Card _____ Cardholder Signature _____

Charge deposit now and then charge remainder of balance two weeks prior to trip date **or** Charge full trip fee now