

SANTA MONICA MOUNTAINS BACKBONE TRAIL TREK REGISTRATION FORM MAY 1 – May 8, 2010

FEES are \$350 per person

Make check payable to SMMTC and send with this form (and liability form) to: Registrar, BBTrek 2010, Santa Monica Mountains Trails Council, P.O. Box 345, Agoura Hills, CA, 91376. Your cancelled check is your receipt

SANTA MONICA MOUNTAINS BACKBONE TRAIL TREK 2010

NAMES (PLEASE PRINT)

1. _____ Age: _____ M: ___ F: ___
 2. _____ Age: _____ M: ___ F: ___

MAILING ADDRESS

Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Telephone: _____ Fax: _____
 E-mail: _____

FIGURE COST BELOW:

NO. OF ADULTS: _____ X \$350 \$ _____
TOTAL ENCLOSED (Make check payable to **SMMTC**) \$ _____

IMPORTANT:

Each participant listed must fill out and sign the **Liability Form** before registration is complete.

Emergency Contact Name & Address: _____

Special dietary requirements? Yes___ No___ Explain _____

REFUND POLICY

Full refunds (minus a \$20 cancellation fee) are made if cancellations are **postmarked April 3, 2010 or earlier**. **No refunds** can be given **after April 3, 2010**. Cancellation and request for refund must be made by mail only, addressed to the registrar – or by e-mail and acknowledged by the registrar.