

SANTA MONICA MOUNTAINS BACKBONE TRAIL TREK REGISTRATION FORM MAY 7 – May 14, 2011

FEES are \$350 per person

Make check payable to SMMTC and send with this form (and liability form) to: Registrar, BBTrek 2011, 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 2011

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 8, 2011 or earlier**. **No refunds** can be given **after April 8, 2011**. Cancellation and request for refund must be made by mail only, addressed to the registrar – or by e-mail and acknowledged by the registrar.