

For office use only –

Wilderness Trek

2009 Individual Reservation Agreement

Deposit: _____

Final Payment: _____

PLEASE PRINT

Participant's Name: _____

Parent's (or Guardian's) name(s) (if under 18 yrs. of age): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: (_____) - _____ - _____ Evening Phone (_____) - _____ - _____

E-mail: _____ Fax (_____) - _____ - _____

TYPE OF TREK: (We will try to add you to a group of 15 – 20 participants in your age group.)

STANDARD TEEN 6-DAY COLLEGE/YOUNG ADULT 6-DAY ADULT 6-DAY TEEN PACK & PADDLE TEEN 5-DAY
 COLLEGE/YOUNG ADULT P&P ADULT P&P COLLEGE/YOUNG ADULT 5-DAY ADULT 5-DAY

2009 WILDERNESS TREK SCHEDULE: Select and prioritize three dates that will allow you to participate. ALL TREKS START AT 2:00 P.M. AND CONCLUDE AFTER THE FINAL DEVOTIONAL. PLEASE SELECT FROM THESE 5-DAY OR 6-DAY OPTIONS:

- | | |
|---|---|
| <input type="checkbox"/> Sat., June 6 – Wed., June 10 or Thurs., June 11 | <input type="checkbox"/> Sun., June 7 – Thurs., June 11 or Fri., June 12 |
| <input type="checkbox"/> Sat., June 13 – Wed., June 17 or Thurs., June 18 | <input type="checkbox"/> Sun., June 14 – Thurs., June 18 or Fri., June 19 |
| <input type="checkbox"/> Sat., June 20 – Wed., June 24 or Thurs., June 25 | <input type="checkbox"/> Sun., June 21 – Thurs., June 25 or Fri., June 26 |
| <input type="checkbox"/> Sat., June 27 – Wed., July 1 or Thurs., July 2 | <input type="checkbox"/> Sun., June 28 – Thurs., July 2 or Fri., July 3 |
| <input type="checkbox"/> Sat., July 4 – Wed., July 8 or Thurs., July 9 | <input type="checkbox"/> Sun., July 5 – Thurs., July 9 or Fri., July 10 |
| <input type="checkbox"/> Sat., July 11 – Wed., July 15 or Thurs., July 16 | <input type="checkbox"/> Sun., July 12 – Thurs., July 16 or Fri., July 17 |
| <input type="checkbox"/> Sat., July 18 – Wed., July 22 or Thurs., July 23 | <input type="checkbox"/> Sun., July 19 – Thurs., July 23 or Fri., July 24 |
| <input type="checkbox"/> Sat., July 25 – Wed., July 29 or Thurs., July 30 | <input type="checkbox"/> Sun., July 26 – Thurs., July 30 or Fri., July 31 |
| <input type="checkbox"/> Sat., Aug. 1 – Wed., Aug. 5 or Thurs., Aug. 6 (College/Young Adult Week) | |

PLEASE SEND ME A COPY OF **Wilderness Trek™ Video** (11 – minute DVD)

PLEASE SEND ME A COPY OF THE **Wilderness Trek™ Brochure**

I have read and understood the information given in the Participant Handbook. I agree to participate according to the guidelines given.

Signature of Participant

Date

Please send this form along with your \$ 100 deposit (if before May 4, 2009) or your final payment (if after May 4, 2009) to Wilderness Trek™, PO Box 831040, Richardson, TX 75083-1040.

Important: This form reserves your space for the week you plan to participate. Be sure to also complete, and have signed by your physician, the Wilderness Trek™ Registration Form. We will mail this form to you or you can download it at www.wildernesstrek.org. Please bring the completed Registration Form with you to Colorado.