

WORLDVIEW TRIP REGISTRATION FORM

WorldView Photography
1455 Arden View Drive
Arden Hills, MN 55112

john@worldviewphoto.net
651-481-8559

Photo Trip Start Date ____/____/_____
Your Name _____ Today's Date ____/____/_____
Additional Participant Name(s) _____
Your Street Address _____
City _____ State _____ Zip _____
Home Phone () _____ Mobile () _____
Email: _____
How did you learn about our photo trips? _____

I am a ___smoker ___ non-smoker (required to make appropriate lodging reservations).

Enclosed is my total deposit of \$ _____ for the participant(s) listed above. Make check or money order payable to WorldView Photography. Contact WorldView for international wire transfer details.

Contact person in the event of an emergency:

Name _____ Address _____

Telephone _____ Cell Phone _____

I (we) have read and accept the Registration Information and specifically the Cancellation Policy, Health & Physical Condition, Assumption of Risk and Responsibility statements.

Signature _____ Date _____

Signature _____ Date _____

Please mail this form along with your deposit check to the address above. Thank you!