

REGISTRATION FORM  
 2011 NEMF Samuel Ristich Foray, August 11-14, 2011  
 Paul Smith's College, Paul Smiths, N.Y.

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 e-mail: \_\_\_\_\_  
 Club Affiliation(s): \_\_\_\_\_

\_\_\_ Male \_\_\_ Female I would like to share a room with: \_\_\_\_\_

Special requirements (e.g., handicap, vegetarian):

\_\_\_ I need -or- \_\_\_ I can provide transportation to Paul Smith's. \_\_\_ I volunteer to help at the Foray.

**Liability Waiver: ALL adult members in the group must sign and date.**

By signing below, I release the Mid York Mycological Society, Central New York Mycological Society, Rochester Area Mycological Association, Susquehanna Valley Mycological Society, the Northeast Mycological Federation, Inc., officers and members, Paul Smith's College, my fellow foray participants and instructors from any and all liability and loss arising from any accident, injury or illness which may result from activities at the NEMF Samuel Ristich Foray. I agree to provide my own whistle for forays.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fee: All fees are per person** Rate # Attending Total

Single Occupancy, Thurs.-Sun., 8 meals \$410 x \_\_\_\_\_ = \_\_\_\_\_  
 Single Occupancy, Fri.-Sun., 6 meals \$325 x \_\_\_\_\_ = \_\_\_\_\_  
 Double Occupancy, Thurs.-Sun., 8 meals \$380 x \_\_\_\_\_ = \_\_\_\_\_  
 Double Occupancy, Fri.-Sun., 6 meals \$305 x \_\_\_\_\_ = \_\_\_\_\_  
 Triple Occupancy, Thurs.-Sun., 8 meals \$325 x \_\_\_\_\_ = \_\_\_\_\_  
 Triple Occupancy, Fri.-Sun., 6 meals \$290 x \_\_\_\_\_ = \_\_\_\_\_  
 Commuters, Sat. only, 3 meals incl. Banquet, mycophagy \$160 x \_\_\_\_\_ = \_\_\_\_\_  
 Commuters, Thurs.-Sun., 8 meals, all activities \$250 x \_\_\_\_\_ = \_\_\_\_\_  
 Commuters, Fri.-Sun., 6 meals, all activities \$210 x \_\_\_\_\_ = \_\_\_\_\_  
 Commuters, 1-day, no meals \$70 x \_\_\_\_\_ = \_\_\_\_\_  
 Commuters, 2-days, no meals \$140 x \_\_\_\_\_ = \_\_\_\_\_  
 Late Registration Fee (postmarked after June 15, 2011) \$30 x \_\_\_\_\_ = \_\_\_\_\_

**TOTAL AMOUNT:** \_\_\_\_\_

**Registration Deadline: July 10, 2011**

Make checks payable to **NEMF** in U.S. Dollars drawn on a U.S. Bank for the total amount above.

**Please mail check and this form to:**

Peter Molesky  
 7313 Oriskany Road  
 Rome, N.Y. 13440

**Questions:** pcmolesky[AT]aol.com

or call Peter at (315) 339-3515  
 or visit [www.nemf.org/files/2011/2011.html](http://www.nemf.org/files/2011/2011.html)

Confirmation of registration will be sent by E-mail or by regular mail if no E-mail address is provided.

**Cancellation Policy:** Prior to June 15, 2011, refunds are subject to a \$30 cancellation fee per person. After that date, contact registrar, Peter Molesky.

**WHISTLES ARE REQUIRED**