



Day Adventure Registration Form

Name of Adventure: _____

MY Credit Union Adventure Club Member*

Name: _____ Date of Birth: _____

Street: _____ Apt / Unit: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____

Cell Phone (that will be taken on adventure)**: _____

Handicap Accessible: Yes No

Dietary Needs / Allergies: _____

Guest Information*

Guest 1: _____

Email: _____

Home Phone: _____

Cell Phone (that will be taken on adventure)**: _____

Handicap Accessible: Yes No

Dietary Needs / Allergies: _____

Guest 2: _____

Email: _____

Home Phone: _____

Cell Phone (that will be taken on adventure)**: _____

Handicap Accessible: Yes No

Dietary Needs / Allergies: _____



Day Adventure Registration Form

Guest 3: _____

Email: _____

Home Phone: _____

Cell Phone (that will be taken on adventure)**: _____

Handicap Accessible: ____ Yes ____ No

Dietary Needs / Allergies: _____

Guest 4: _____

Email: _____

Home Phone: _____

Cell Phone (that will be taken on adventure)**: _____

Handicap Accessible: ____ Yes ____ No

Dietary Needs / Allergies: _____

* MY Credit Union will never sell your contact information.

** Cell phone is used for safety purposes on the day of adventure only.