



MOAT Trip Registration 2009



NAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

Trip Preference 1, 2, 3, with 1 being the most preferred

- Session I: June 23-26 Canoeing
- Session II: June 30-July 3 Rock climbing
- Session III: July 7-10 Backpacking
- Session IV: July 14-17 Canoeing
- Session V: July 20-24 Adventure Sampler

Food Preference

Meat Vegetarian

List any food allergies and your reaction to them: _____

Experience

Our trips do not require any experience. However it is helpful to your leaders to have a basic idea of what adventure , camping, outdoor, experiences that you have had. Please briefly describe any adventure recreation trip you have taken and /or activities you have participated in.

Registration return form to:

Mail:
Sue Lowley
James Madison University Recreation
800 S. Main St., MSC 3901
Harrisonburg, VA 22807

Email
Lowleysa@jmu.edu