



Canyonlands Field Institute

P.O. Box 68 • Moab, Utah 84532

Phone (435) 259-7750 FAX (435) 259-2335 email: info@canyonlandsfieldinst.org www.canyonlandsfieldinst.org

RESERVATION FORM *(for use with all programs except Schools)*

Please complete this form in full listing each person reserving space in a program – type or print clearly.

AFTER YOU RESERVE: On receipt of your reservation with deposit or full payment, CFI will send you a separate **Registration** form for EACH participant in your party. This is an insurance requirement. Along with Registration & Risk forms, the detailed Trip Packet will contain important information for your trip including full gear list, schedule, maps, etc.

Please mail/fax this Reservation form with payment to: **Reservations/ Canyonlands Field Institute, P.O. Box 68, Moab, UT 84532** If you have questions, call 435-259-7750 or 800-860-5262 or FAX 435-259-2335

Today's Date: _____

Trip/Program you are registering for: _____ Date of Program: _____

Participant(s) *if at same address:* _____

Birth Date(s): _____

Parent/Guardian (of minor[s] attending alone): _____

Address: _____

Home Phone: _____ Work or Cell Phone: _____

E-mail Address: _____

We invite you to become a Member of CFI but not required to participate. Members receive all information published on CFI activities. You also help support our youth outdoor education programs. Join now and you can get the Members' discount of either \$20 for general membership or 10% if Plateau Society member (\$500 and above). Memberships expire each May of the following year.

Membership Levels:

_____ Student *(through High School)* \$15 _____ Business or Supporting \$100
_____ Individual \$30 _____ Sustaining \$250-499
_____ Family \$50 _____ Plateau Society \$500 and above

Payment Information:

Trip/Program Cost Per-Person: \$ _____ Deposit Required Per-Person: \$ _____

Program Fee	\$ _____
Add New Member Fee	\$ _____
Other Fee (Equipment or Single suppl.)	\$ _____
Sub Total	\$ _____
Subtract Your Member Discount from Total	\$ _____
Total Due	\$ _____
Amount of this payment	\$ _____
Balance Due if any	\$ _____

Check or Money Order payable to Canyonlands Field Institute

Credit Card AMOUNT THIS PAYMENT ON CARD: \$ _____

Visa MC # _____ Expiration Date: _____

Name and address associated with card if different from above:

Name: _____

Address: _____