

NERSFL Summer 2017 Trip Application

Name _____

Address _____

Phone: (H) _____ (W) _____ (C) _____

E-mail _____

I am a guide _____ visually impaired participant _____

I need transportation to the event/s _____ (yes or no)

I can offer a ride to # _____ passengers ___to and ___from the event.

I wish to attend the following event/s. Enclosed is my payment for:

_____ Wayside Inn, Bethlehem, NH

August 11-13, 2017

\$205 plus additional \$20 if postmarked after July 1, 2017

_____ Enclosed please find my donation of \$_____ to ___ the Helen & Nario Brenes Memorial Fund for financial assistance to VIPs and/or ___in memory of Joanne Jordan's father for financial assistance to guides. We are a tax exempt not for profit 501c3 organization. Any donations to NERSFL are greatly appreciated.

_____ I wish to receive future NERSFL newsletters via email rather than in hard copy. I know that this saves NERSFL time and money and gets the newsletter to me sooner.

_____ I am interested in writing a trip report about NERSFL trips and/or take and provide photographs.

***Mail with payment and completed Guide or VIP form to:
NERSFL, P.O. Box 861, Georgetown, MA 01833***