

Please complete, sign, date and include with your check payable to the
"Cape Cod Bird Club"

I agree not to hold any of the leaders, coordinators, or the Cape Cod Bird Club responsible for any injury I might sustain on the pelagic trip aboard the Dolphin Fleet on Sunday, September 26, 2010.

Name(s) printed

Signatures of all participants (required)

Date

Postal Address

Phone Number

Email Address

To register for this pelagic trip, send payment in full (\$60.00 for members, \$75.00 for non-members) along with a signed waiver no later than **September 1st** to:

Cape Cod Bird Club
Sept. Pelagic Trip
PO Box 704
Harwich, MA 02645

Make checks payable to "**Cape Cod Bird Club**." You must include your phone number, email address, and postal address for confirmation and further information.

If you have further questions contact Charlie Martin at (508) 430-1257 or cemartinjr@comcast.net