

## **2023 ADK CYCLE OUTING REGISTRATION FORM**

LOCATION: Ogdensburg, NY Wadhams Hall campus

**June 11-16, 2023**

Option	Rooming	Rate, ADK Members	Rate, non-members	Selection
Suite	Single	\$760	\$780	
	Shared, Per person	\$470	\$490	
Dorm Room	Single	\$540	\$560	
	Shared, Per person	\$390	\$410	

DEPOSIT REQUIRED WITH Registration: \$100

Final Payment Due: May 15, 2023

- ◆ **After May 15, refund will only be made if the vacancy can be filled from a waiting list maintained by the Leader, if any, and then all but \$ 100.00 will be refunded.**
- ◆ **If the Leader decides that this trip is not for you, or the trip is canceled by ADK, all payments received by ADK will be refunded.**
- ◆ **Trip insurance is highly recommended!**
- ◆ **Applicants must be 18 or older**

APPLICANT'S/REGISTRANT'S NAME: \_\_\_\_\_ SEX: Female Male

ADDRESS: \_\_\_\_\_

Phone Number (cell preferred) \_\_\_\_\_ Email address: \_\_\_\_\_

ADK MEMBERSHIP # \_\_\_\_\_ CHAPTER: \_\_\_\_\_ (N/A for non members)

IN CASE OF EMERGENCY NOTIFY:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

May we use a photograph from this trip which includes you in our future publicity: YES NO

**In signing this form, the Applicant/Registrant acknowledges that he/she has read the detailed trip description and itinerary and understands and accepts the nature of the trip, its transportation, accommodation and food arrangements, what is and what is not included in the trip cost and the terms and conditions of payment, cancellation and refund.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant/Registrant

ATTACH and send to Leader with Deposit check (made out to ADK) or credit card authorization.

Send to: Tom Ortmeyer  
15 Lawrence Avenue  
Potsdam, NY 13676  
[tortmeyer@gmail.com](mailto:tortmeyer@gmail.com), 315-244-3707

ADK - CREDIT CARD AUTHORIZATION

CYCLE OUTING

Send to:

Tom Ortmeyer  
15 Lawrence Avenue  
Potsdam, NY 13676  
tortmeyer@gmail.com

I AUTHORIZE THE ADIRONDACK MOUNTAIN CLUB TO CHARGE MY CREDIT CARD

VISA \_\_\_\_ MASTERCARD \_\_\_\_ AMEX \_\_\_\_ Please note that Discover Card is not acceptable

Card Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Verification # (on back of card, 3 digit #in signature  
box) \_\_\_\_\_

Amount: \$100 deposit

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Cardholder)

NAME (please print): \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address \_\_\_\_\_

Participant (If NOT cardholder) \_\_\_\_\_

\_\_\_\_\_ I further authorize ADK to charge the remaining balance due on May 15.