

Family Registration Form

Email: Barry@RiverviewOAC.com

To register, complete the form below and return with deposit or clinic fee. Questions: 908-852-7622

Please make checks payable to: Barry Rusnock
43 Powhatatan Way
Hackettstown, NJ 07840

Clinic/Program Name: _____

Payment amount included with this Reservation: _____

Date (First Choice): _____ Alternate Date (Second Choice): _____

Family Name /Point of Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email Address: _____

List of Participates

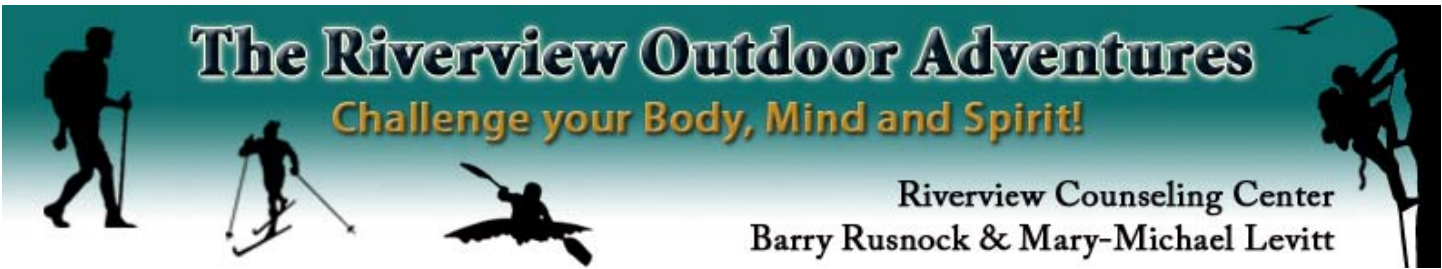
Note: Please indicate shoe size and waist size for both adult and youth (climbing clinics only).

1. Name _____

Adult Youth Age: _____ Shoe Size: _____ Waist Size: _____

2. Name _____

Adult Youth Age: _____ Shoe Size: _____ Waist Size: _____



Tentative List of Participates (Continued)

3. Name _____
Adult Youth Age: _____ Shoe Size: _____ Waist Size: _____

4. Name _____
Adult Youth Age: _____ Shoe Size: _____ Waist Size: _____

5. Name _____
Adult Youth Age: _____ Shoe Size: _____ Waist Size: _____

6. Name _____
Adult Youth Age: _____ Shoe Size: _____ Waist Size: _____

7. Name _____
Adult Youth Age: _____ Shoe Size: _____ Waist Size: _____

8. Name _____
Adult Youth Age: _____ Shoe Size: _____ Waist Size: _____

Refund Policy

A \$100 non-refundable deposit is required for a family to reserve a full day of climbing. Please call us to make a reservation, place a deposit, and to check on course availability.

If we cancel a clinic, event, or outing, every effort will be made to reschedule. If rescheduling isn't possible, you may apply the deposit to another clinic, event, or outing at another time within the next 6 months.

There will be no refunds once a clinic, event, or outing is half over, even in the event of bad weather. In the event we cancel the above, we will do our best to work with you in regards to issuing a credit voucher or refund.