



# 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): \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**List of Participates** (Note climbing clinics only - Please indicate shoe size and waist size for both adult and youth)

- 1. Name \_\_\_\_\_  
Adult  Youth  Age: \_\_\_\_\_ Shoe Size: \_\_\_\_\_ Waist Size: \_\_\_\_\_
- 2. Name \_\_\_\_\_  
Adult  Youth  Age: \_\_\_\_\_ Shoe Size: \_\_\_\_\_ Waist Size: \_\_\_\_\_
- 3. Name \_\_\_\_\_  
Adult  Youth  Age: \_\_\_\_\_ Shoe Size: \_\_\_\_\_ Waist Size: \_\_\_\_\_

**Refund Policy**

A \$50 non-refundable deposit is required 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.