

THE RIVERVIEW OUTDOOR ADVENTURES & CLINICS

www.RiverviewOAC.com

Registration Form

(please complete one form per person)

To register, complete the form below and return with the fee. Questions: 908-850-5778

Please make checks payable to: Barry Rusnock Email: Barry@RiverviewOAC.com
43 Powhatan Way
Hackettstown, NJ 07840

Clinic /Event Name: _____

Fee: _____ Date: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email Address: _____

Where did you hear about us? _____

Skill Level (Check One): Beginner _____ Intermediate _____ Advanced _____

(Note: Please indicate your shoe size and your waist size for the climbing clinics only)

Shoe Size: _____ Waist Size: _____

Refund Policy

Payment received in advance of the event is required to reserve a place in any of our clinics/events. Please call us to make a reservation and to check on course availability.

If weather cancels a course, every effort will be made to reschedule. If you are unable to reschedule your registration fee will be applied to another course at a future time within the next 6 months.

There will be no refunds once a course is more than half over, in the event of severe weather. We will do our best to work with you.