



Nature Awareness School

P.O. Box 219, Lyndhurst, VA 22952 (540) 377-6068

2012 Nature Awareness School Application

Name _____ Age _____

Street Address _____

City, State, and Zip _____

Home phone _____ Work phone _____

Emergency contact (name, address, phone) _____

Your occupation _____

Medical conditions or physical limitations _____

For meal planning purposes - Any special needs? _____

Special interests or hobbies related to this course _____

Other wilderness schools attended _____

Previously attended Nature Awareness School courses _____

How did you hear about this course? _____

RELEASE: My signature below certifies that I am in good physical condition and am willing to participate in this program. I hereby assume all risks related to my participation. I release for myself, my heirs and my executor any claim against the Del Hall, F.U.N., Inc. and its employees and agents from liability resulting from injury or accidents occurring during this course. I give permission for F.U.N., Inc. to use photographs that may be taken during my class, in promotional materials.

Signature _____ Date _____

Cost of **WEEKEND** courses

\$225.00 or \$255.00

Please send non-refundable deposit of \$95.00.

(An additional amount of \$160.00

is payable on first day of class or

\$130.00 payable if received

14 days **prior** to start of class.)

\$ _____

Cost of **3-DAY** courses

\$335.00 or \$375.00

Please send non-refundable deposit of \$135.00.

(An additional amount of \$240.00

is payable on first day of class or

\$200.00 payable if received

14 days **prior** to start of class.)

\$ _____

Cost of **WEEKLONG** courses

\$675.00 or \$750.00

Please send non-refundable deposit of \$225.00.

(An additional amount of \$525.00

is payable on first day of class or

\$450.00 payable if received

14 days **prior** to start of class.)

\$ _____

Cost of **DAY**course: "Walk in the Woods" \$45.00, payable prior to start of class. \$ _____

Date and course for which you are applying: _____

Payment method: Check _____ Visa _____ MasterCard _____ Discover _____

Name as it appears on card: _____

Account # _____ Expiration date: _____

Please make checks or money orders payable to F.U.N., Inc.

Note: *EACH applicant must fill out an application. Please make copies of this application if necessary. Those under 18 years of age must have a parent or guardian sign their application.*