

Georgia Sky View 2006 Registration Form

Date: April 20-23, 2006
Location: Indian Springs State Park
Jackson, GA
150 person limit (NO WALK INS)

Mail completed form and check to:
Dawn Knight - Registrar
114 Central Lake Circle
Griffin, Georgia 30223

Make checks payable to: FRAC

Registration fees are non-refundable, but are transferrable to another person.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ E-Mail Address: _____

Emergency Contact: _____ Telephone: _____

Names of persons attending with you:

1. _____ 2. _____

3. _____ 4. _____

Will you be using an RV, tent, dorm or staying off site? _____

Will you be with a group wanting to stay together? Please provide the name of the group and approximate number attending so we can attempt to set aside an area for your group. Name _____

REGISTRATION FEES

Before March 25th, \$37.00 for each adult and child over 10, children under 10 are \$10.00 each. After March 25th until April 13th, \$57.00 for each adult and child over 10 and \$20.00 for each child under 10. Dorms are \$5.00 per night.

Number of Adults _____ X \$37.00 or \$57.00 after March 25th = _____
but before April 13th

Number of Children under 10 _____ X \$10.00 or \$20.00 after March 25th = _____
but before April 13th

Dorm _____ X \$5.00 per night per person = _____

Parking pass ** _____ X \$3.00 per vehicle = _____

**** NOTE:**A \$3.00 parking pass must be purchased for each vehicle attending Georgia Sky View 2006. This is a fee that is charged by Indian Springs State Park. If you are a Georgia park season pass holder this fee will be waived **PROVIDED** you have your season pass with you during this event. **NO ELECTRICITY WILL BE PROVIDED ON THE FIELD.**

REGISTRATION DEADLINE IS APRIL 13, 2006

Georgia Sky View

Release and Hold Harmless Agreement

In consideration for being allowed to attend the Georgia Sky View, I (we), (print names of everyone attending on lines below)

agree to the following:

I. I (we) acknowledge that there are risks inherent in astronomical observing including injuries caused by falling, and that there are inherent risks in camping outdoors. I (we) hereby agree to assume all of those risks.

II. I (we) agree to hold the State of Georgia, Flint River Astronomy Club, its officers and members, or any persons acting on their behalf, harmless for any accident or injury that may occur while I (we) attend the Georgia Sky View. I (we) further agree to hold the abovementioned organizations and persons harmless for any loss or damage to property that may occur while I (we) am (are) at this event.

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Date: _____