



Night Crawl Registration Form

Prices: \$40 per child \$40 per adult

1761 Rt 9 Toms River NJ

Full payment and completed release forms are due at the time of registration.

Please submit only one registration form per troop/pack.

Date of Night Crawl _____

(check www.insectropolis.com for available dates or call 732-349-7090)

Troop# _____ or Pack & den # _____ ages of children _____ (recommended for ages 7 and up)

Group leader name/contact _____

Mailing address _____

Email address _____ Phone # _____

Group Roster- list everyone signing up for the event

	Scout Name	Age	Adult chaperone name
1			1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10

Number of children _____

Number of adults _____

Total number in group _____ x \$40 = total payment due/enclosed \$ _____

Refund Policy: There are no refunds. Please make sure that everyone in your group is aware of our refund policy prior to booking. Completed forms and payment in full is due at registration.

If we do not receive completed release forms 3 weeks prior to event, you will forfeit your reservation and monies.

We accept Visa, MasterCard, cash, and checks.

Please write checks payable to Insectropolis & mail to:

Insectropolis

1761 Rt 9

Toms River NJ 08755

There is a \$35 fee for returned checks.

Upon receipt of your full payment & registration, we will send you confirmation that your group was accepted as well as additional necessary information for the event.



Insectropolis

General Release Form

This is a general release form for children to participate in our Night Crawl.

A completed form is required for participation and must be received with your registration form. Failure to complete, sign, & return this form will prohibit participation as well as forfeit all monies.

Date of Overnight: _____ Pack or Troop # _____

Name of Child attending event _____

Name of Adult responsible for child during the event _____

Address of Parent/Guardian _____

Phone Number of Parent/Guardian _____

Physician Name _____ Physician Phone _____

Insurance Name _____ ID Number _____

Any other information we should know? (allergies, medical, special needs?) _____

By allowing your child to participate, you are giving your consent to all of the following :

____ I assume full responsibility for damage to person or property caused by my child or myself during this event.

____ I agree that my child and myself will follow the guidelines set by Insectropolis and its staff. I also agree that a failure to do so may result in cessation of our participation in the Night Crawl and no refund will be given.

____ I agree that my child should be given any medical care deemed necessary by a physician in case of a medical emergency

____ I agree that my child or I may have photos taken while participating in this event. I also give permission to use them for educational, professional, or promotional purposes about Insectropolis and/or Night Crawl.

Parent/Guardian Signature

Date

Please feel free to contact Insectropolis at (732) 349-7090

Mail to 1761 Rte 9, Toms River, NJ 08755

fax to 732-349-0179 Attn: Night Crawl, or email completed form to info@insectropolis.com