Name
Address Email
Home Phone (for last minute pre-trip updates) Cell Phone Number
SPA Member Yes ☐ No ☐
Are you fully vaccinated against Covid 19? Yes ☐ No ☐
Please indicate dietary needs here. We will try to take these into account in ordering bag lunches.
Are you travelling with anyone else for this trip? Please provide names.
We will be carpooling this year. If you are not willing to drive to the sites, and will require a seat in another vehicle, please check here. _☐_____ If you have a car that you would be willing to drive to the sites we visit, please indicate how many passengers you can take besides yourself and your traveling companions. _____
Emergency contact information: Please provide the name, email and phone number for someone we should contact on case of an emergency.

Email completed form to Ken Burkett (kenburkett@comcast.net)
and Sarah Neusius (sraahneusius@gmail. com)