

REGISTRATION FOR SAPS SPRING GARDEN TOUR TO NASHVILLE MARCH 23 - 26, 2018

Cost: per person/ shared room \$627.50 Or \$567.50 depending on room selected. This includes hotel 3 nights, breakfast each day, bus, all fees and admissions, driver gratuity, and snacks.

If not sharing a room cost is \$956.00 or \$836.00 depending on room size.

Registration and Deposit of \$300.00 due by February 15. With less than 25 people to register, the trip will be cancelled.

No refunds after March 15.

Please provide the information below with a deposit of \$300.00 made to SAPS and return to Earl Hockin, 1001 Laurelwood Drive, Kingsport, TN 37660 by February 15.

For more information call Earl Hockin at 423-817-5473 or email ehockin@yahoo.com or call Jane Mullins at 423-737-7915.

SOUTHERN APPALACHIAN PLANT SOCIETY(SAPS) NASHVILLE TRIP RESERVATION AND INDEMNITY FORM

I wish to join the Southern Appalachian Plant Society's trip to Nashville, TN March 23 26, 2018.

I am fully aware that this trip and its attendant activities is intended only for those without medical or mobility problems and who are fit enough to indulge in physical activities (e.g. boarding and un-boarding buses, walking on unpaved or uneven ground and pathways, stair climbing).

I confirm that I am fully aware of and accept the possible risks involved in traveling and participating in the planned activities, events, and site visits and that I shall not hold the Southern Appalachian Plant Society, its board members, and event organizers responsible or in anyway liable for my death, injury, disability or any loss or damage whatsoever arising from any cause in connection with this trip or my participation there in.

I hereby indemnify and agree to keep the Southern Appalachian Plant Society, its board of directors, and organizers the planned trip and activities fully indemnified against all claims, loss or damage whatsoever in respect to death, injury, disability or any loss or damage whatsoever arising from any cause in connection with the trip or activities or my participation therein.

RESEVATION AND INDEMITY SIGNATURES AND INFORMATION

Participant Name: _____ Date _____

Participants Signature: _____

Participant Name: _____ Date _____

Participants Signature: _____

Note: (If traveling as a couple each person is to print their name and sign above).

PREFERRED CELL PHONE NUMBER _____

HOME PHONE NUMBER _____

EMERGENCY CONTACT AND PHONE
NUMBERS _____

EMAIL ADDRESS _____

ROOM REQUEST:

SHARING ROOM WITH _____

CHECK ONE: KING SUITE _____
KING ROOM _____
DOUBLE- DOUBLE _____

CIRCLE PREFERRED PICK -UP SITE:

JOHNSON CITY WALMART AT BROWNS MILL ROAD

KINGSPORT INGLES PARKING LOT AT COLONIAL HEIGHTS

PLEASE RETURN THIS FORM WITH YOUR \$300.00 DEPOSIT MADE TO SAPS:

EARL HOCKIN
1001 LAURELWOOD DRIVE
KINGSPORT, TN 37660