



Night Crawl Registration Form

Prices: \$35 per child \$35 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			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Number of children _____

Number of adults _____

Total number in group _____ x \$35 = 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. 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 additional necessary information for the event.

We will have specialty glow-in-the-dark T-shirts with our Night Crawl Logo on sale for \$15 during the event in children and adult sizes.



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. Failures to complete, sign, & return this form will prohibit participation as well as forfeit all monies.

Date of Overnight: _____

Name of Child attending event _____

Name of Parent/Guardian attending event _____

Name of Adult responsible for child during the event (if other than parent/guardian) _____

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?) _____

You must agree to all of the following if you are to take part in the event:

____ 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