



REALITY TOUR ©

Registration Form / Waiver

The Reality Tour© is a national project of CANDLE, Inc. a non-profit organization (www.candleinc.org)

**Pike County
Commissioner's
Rich Caridi
Matt Osterberg**



Horses connecting humans in mind, body, and spirit



Insuring you and your family
Auto • Home • Business

Thursday, October 13, 2016, 6pm - 9pm _____
Thursday, November 10, 2016, 6pm - 9pm _____

Please note both dates will be available only if we have enough registrations.

**Call Jill Gamboni @ 570-390-9102 or
jillgamboni@yahoo.com for more information**

IMPORTANT REGISTRATION INFORMATION: Your reservation will be confirmed!

**DO NOT ASSUME YOU ARE ACCEPTED FOR THE TOUR DATE REQUESTED
UNTIL YOU RECEIVE CONFIRMATION BY POSTCARD, TELEPHONE, OR EMAIL.**

Arrive promptly at 5:45 pm at Milford Bible Church, 110 Foxcroft Drive, Milford.

No refund for late arrival, no-shows or cancellations.

The undersigned understands that the *Reality Tour*© includes the following scenarios:

(Please circle if you wish to *opt out* of any portion of the tour)

Peer Pressure Skit Emergency Room/ Overdose Funeral Scene Arrest/Prison

Some sections of the Reality Tour may be emotionally disturbing and parental guidance is a must.

I agree to allow my child/children _____ age/ages _____
to participate in the *Reality Tour*© and the self-reported survey data collection included in the program.

To opt out of survey check here: _____

I _____ will (or) _____ will not accompany my child on the tour. Parent or guardian must attend with any child under 18. If guardian please name: _____

I have read the above and agree not to hold CANDLE, Inc., Pike County Alliance for Prevention Programs or its affiliates liable for any claims, damages, demands, actions or lawsuits that could arise as a result of my participation or my minor child's participation in the *Reality Tour*©. *News photographers may be present at a Reality Tour.*

Signature of parent or guardian _____

Print name here _____

Date _____

Address: _____ City: _____ State _____ Zip _____ Phone # _____
E-mail _____

Please list names, ages & grade level of youth attending & include names of adults attending as well:

- | | | |
|----------|----------|----------|
| 1. _____ | 3. _____ | 5. _____ |
| 2. _____ | 4. _____ | 6. _____ |

Number of persons attending _____ @ \$5.00 per person suggested donation

You may add a tax-deductible contribution to support The Reality Tour. Donation amount \$ _____

Total amount enclosed \$ _____

Make checks payable to: **Pike County Alliance for Prevention Programs (PCAPP)**
Mail Payment to: 101 Garfield Court, Milford, PA 18337