



Partnership for the National Trails System

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2010 National Historic Trails Workshop

San Antonio, TX

Wednesday, May 12 - Friday, May 14

Registration Form: Yes, please sign me up for the 2010 National Historic Trails Workshop Tuesday evening May 11th - Friday, May 14.

Please complete the form below including signing the liability waiver for the field trips and return it with your check to: Partnership for the National Trails System, 222 S. Hamilton, Ste 13, Madison, WI 53703. When filling in the form, PLEASE PRINT and . Thank you!

Title First name Last name

Affiliation

Address:

City and state

Zip

Phone: Daytime _____ Cellular: _____

Fax: _____ Email: _____

LIABILITY WAIVER (required)

The field trips and other activities have been arranged by El Camino Real de los Tejas National Historic Trail Association and Partnership for the National Trails System. Please agree to this liability waiver to participate in the field trips and other activities:

The participant hereby agrees that neither El Camino Real de los Tejas National Historic Trail Association nor the Partnership for the National Trails System, their directors, officers, employees, and agents, nor to the extent legally permissible any private or public (state or federal or instrumentality of either), landowner or tenant or licensee in possession of any land or over which any tour, field trip, or outing takes place, or through which it travels, in connection with or as part of any meeting or convention of El Camino Real de los Tejas National Historic Trail Association or the Partnership for the National Trails System, shall have any responsibility or liability, in whole or in part for any loss, damage, injury to person or property, delays and delayed departure or arrival, missed carrier connections, cancellations, charges in schedules, program, or itinerary, or mechanical defect or failures, or for any negligent act or omissions of any nature whatsoever which results from, or arises out of, occurs at or during any activities, programs, tours, field trip, or outing thereat, or part of any of the foregoing. All persons registering at or attending any such meeting or convention shall be bound by the foregoing and deemed to have consented and agreed to the same by such registration or attendance.

I have read the liability waiver and agree to the terms set forth.

Signature of participant

Date

Select appropriate registration options below: *(Select one)*

Full Workshop Package: **\$225** _____

- Includes:
- Registration fee \$50
 - Food - Tues reception, Wed dinner,
2 lunches, 3 breakfasts \$105
 - Wed Field trip (your choice) -
Coach bus, box lunch \$70

PLEASE SELECT FIELD TRIP

- A. **Government Canyon State Natural Area** _____
Explore the unique landscape in the Texas Hill Country, including remnants from its rich ranching heritage, live oak savannahs, old-growth Ashe juniper trees, and Spanish moss overhangs. Hikes will be of varying lengths. The day begins with a service project to help maintain the trail, including trimming brush.

- B. **San Antonio Missions National Park** _____
On our tour we will visit two to three of the beautiful historic missions in the San Antonio Area. The tour will provide an excellent opportunity to discuss and explore an approach to heritage tourism. The day will begin with a brief service project on a nearby trail.

Or

Workshop Only (does not include field trip) **\$155** _____

- Includes:
- Registration fee \$50
 - Food - Tues reception, Wed dinner,
2 lunches, 3 breakfasts \$105

Registration fee goes towards: conference materials and supplies, rooms, speakers' fees and travel philanthropy. Travel philanthropy: As part of sustainable travel, visitors are encouraged to support local conservation and heritage organizations that do the day to day work of preserving, protecting and interpreting the local cultural and ecological resources.

OPTIONAL Friday May 14th "Fiesta Noche del Rio"
Traditional Music and Dance Performance ADD **\$10** _____

Late Payment (After April 20th) ADD **\$25** _____

Optional: Donation to PNTS _____

Total Payment (workshop + op. performance + optional donation) **\$** _____

Meals: Please check if appropriate. **VEGETARIAN** _____

