

VO Trip
Registration ID: _____
Pd: _____

VENTURE OUT CENTER
ADVENTURE TRIP REGISTRATION FORM
540-231-4982 ventureout@vt.edu

VENTURE OUT ADVENTURE REGISTRATION

TRIP: _____ **DATE:** _____
FEE: _____
PRE-TRIP MEETING DATE: _____
TODAY'S DATE: _____

Participant Information:

Name: _____ **VT ID#:** _____

Age: _____ **Sex:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: _____ (Required)

Email Address: _____ (Required)

Circle One: Student Faculty/Staff Alumni/Dependant Community

Name of Emergency Contact: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: _____ **Evening Phone:** _____

Venture Out Adventure Policies: (Please Read & Initial All)

Refund Policy: If you cancel a trip use the following guidelines: _____
Cancellation more than 14 days: 80% refund or trade spot
Cancellation 7-13 days: **No** refund, Spot trading and fee transfers allowed
Cancellation less than 7 days from trip: **No** refund, Spot trading allowed

Venture Out Trip Cancellation/Spot Trading: _____
If Venture Out cancels a trip due to low attendance or weather:
Full refund allowed (Please allow up to three weeks for refund)
Fee transfer allowed (You can transfer your fee to another trip if spots are available)

Drugs & Alcohol: _____
Venture Out has a strict policy on the use of drugs and alcohol on trips.
Any participant with possession of drugs or alcohol, without leader permission will be
Terminated from the trip immediately and could incur judicial action with the Dean of Students.

Participant Signature: _____ **Date:** _____