

Learn To Identify Mushrooms !!!

Amateurs Always Welcome

SIMA'S SPRING FORAY AND IDENTIFICATION WORKSHOP

Quaker Hill, Osprey Lodge, McCall ID
May 26, 27, 28, 2017

Friday May 26

Foray & Workshop
with Mycologist 2-4 PM
6:00 Supper
7:30 Program

Saturday May 27

8 AM Breakfast
9 AM-2 PM Forays
6:00 Supper
7:30 Program

Sunday May 28

8 AM Breakfast
9 AM Table Critique
Check -Out before:
11 AM

Friday 2PM to 11 AM Sunday includes 2 nights lodging, 5 meals, programs, display.

----- Detach Here -----

Name _____ E-mail _____

Address _____ Phone _____

City _____ State _____ Zip _____

Last day Register for food and lodging, Wednesday, May 15, 2017
Registration required for Daily Only + Meals also.

Registration Fees:

_____ Full Foray (Inc. Lodging & Food)	\$137.80
_____ Friday Foray and ID Workshop only	\$42.40
_____ Saturday No meals	\$42.40
_____ Saturday + Supper + Program	\$42.40
_____ Saturday Supper + Program	\$31.80
_____ Friday Foray – Sat all day, program, no food	\$74.20
_____ Friday – Sat. food + program, no lodging	\$74.20
_____ No meals or lodging, per day	\$42.40

**Rates for current college
student, with ID on request

**Rates for children available
on request

RV's Same cost as lodging, limited spaces
Self-Contained Units same fees, unlimited space
Hook up _____ Self-contained _____

Number attending _____ **TOTAL \$ _____**

LODGING DOES NOT INCLUDE LINENS – Bring your own bedding and towels

We must have a signed release for all adults attending the foray.

Liability Release and Promise Not to Sue

I understand there is some risk in participating in a mushroom foray and conference, all those risks one assumes by being away from home, risks associated with moving about in fields and woods, risks involved in eating wild mushrooms, risks of losing personal property by theft or misplacement, and all other expected and unexpected risks. In registering for or attending this foray, I agree to assume total responsibility during this event for my own safety and well-being, and that of any minor children under my care, and for the protection of my and their personal property. I release the Southern Idaho Mycological Association (SIMA) and Quaker Hill, their trustees, officers, employees, contractors, and all other persons assisting in the planning and presentation of this event from liability for any sickness, injury or loss I or any minor children under my care may suffer during this event or as a result of attending and participation. I further promise not to file a lawsuit or make a claim against any of the persons listed above, even if they negligently cause me or my minor children injury or loss. Finally, I agree to hold SIMA harmless from any liability it may incur as a result of any damages to Quaker Hill property which I may cause. This release and promise is part of the consideration I give in order to attend this event. I understand it affects my legal rights. I intend it to apply not only to me, but to anyone who may have the right to make a claim on my behalf.

Signature _____ Date _____

Make check payable to SIMA

Send check and Registration Form to:

Genille Steiner
1903 N 9th
Boise, ID 83702
Phone 208-345-2515
Cell 208 631-7462
gsteiner@sitestar.net

