



Registration Form / Waiver

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

SPONSORED BY



KANNEBECKER & MINCER, L.L.C.

EXPERIENCED ATTORNEYS * PROVEN RESULTS
Personal Injury * Criminal * Family Law * Civil Litigation

Check the date that is your first choice. Put a "2" beside date that is second choice

Thursday, April 23, 2020, 6pm - 9pm _____

Thursday, May 14, 2020, 6pm - 9pm _____

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.

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

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

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 Surveys

*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 legal guardian must attend with any child under 18. If legal guardian, please name: _____

I have read the above and agree not to hold CANDLE, Inc. 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 legal 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 = \$ _____

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

Make checks payable to: **Pike County Alliance for Prevention Programs (PCAPP)**

Mail Payment to: **101 Garfield Court, Milford, PA 18337**

Call Jill Gamboni 570-390-9102 or jgamboni@pahousegop.com for additional information.