



Registration Form / Waiver

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

SPONSORED BY

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



WEINSTEIN, ZIMMERMAN & OHLIGER
ATTORNEYS AT LAW 570-296-7300
410 Broad Street, Milford, PA



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

Thursday, October 19th, 2017, 6pm - 9pm _____

Thursday, November 16th, 2017, 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.