

KaPow Fund Raiser Rafting Trip

Lehigh River Reservation Form (Ages 9+)

Name: _____ Phone (Day): _____

Address: _____ Phone (Night): _____

City: _____ State: _____ Zip: _____

Email Address: _____

Date of Rafting Trip: _____

Number of Spaces Purchased (Ages 9+): _____ @ \$64.49* = Total fee: \$ _____

(*Per person charge includes all taxes and fees.)

(Feel free to bring a simple lunch, or purchase box lunches at the Rafting Center.)

(For children younger than 9, please ask about a shorter, easier trip option.)

Total Amount Paid: \$ _____ (By check # _____ M.O. _____ **NO CASH, please.**)
(Checks and Money Orders are made payable to Whitewater Challengers)

To Pay by Credit Card, please provide the following information:

MC, VISA or Discover Number: _____ Exp. Date: ____/____

Security Number (Back of Card): _____ Cardholder's Name: _____

Billing Address (if different from above): _____

You'll receive written confirmation from Whitewater Challengers, including your registration arrival time at the Rafting Center, and other information about your trip. Visit whitewaterchallengers.com for more information and driving directions.

Thanks for supporting KaPow Field Hockey ... the Wyoming Valley's only Olympian - sponsored program for field hockey development!

This reservation sold by KaPow member (Name): _____

*Please mail this form with payment to Lauren Powley, KaPow Field Hockey,
5 Pine Tree Road, Mountain Top, PA 18707*