

LATROBE REALITY TOUR®



Registration Form / Waiver

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

Tour begins at: 6:00 PM Latrobe Municipal Building

901 Jefferson Street Latrobe, PA 15650

Sponsored by the Latrobe Rotary

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

2019 Oct 16th _____ Nov 20th _____

2020 Feb 19th _____ April 15th _____

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.**

Arrive promptly at 5:45 pm...Latrobe Municipal Building, Council Chambers.

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

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 = \$ _____

(No charge if free or reduced lunch)

You may add a tax-deductible contribution to support The *Reality Tour*®.

Donation amount = \$ _____

Total amount enclosed = \$ _____

Make checks payable to: **Latrobe Reality Tour 901 Jefferson Street Latrobe, PA 15650**
724-396-0467 Latroberealitytour@gmail.com