Team Leader Name: __________________________________________________________________________

(Team leader must be 18 or older and have a valid driver's license)

Email: ________________________________________________________________________________

Team Name: ____________________________________________________________________________

(Prize for most creative name!)

<table>
<thead>
<tr>
<th>Team Members</th>
<th>Number of people on team (required):</th>
<th>1. __________________________</th>
<th>5. __________________________</th>
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</table>

___ Number of team members that plan to attend the Celebration, September 14, 4 - 6:30 pm (count needed for caterer).

I am registering my team for:

___ Birding Workshop (Sept. 8th, 1-3 pm)
___ Bird Quest (Sept. 13th - 14th)

___ My team needs to borrow binoculars (first come/first served).

By signing below, I acknowledge that I am aware of the risks inherent in outdoor activities such as the Chagrin River Bird Quest, and hold the Audubon Society of Greater Cleveland blameless in any event of injury or illness to me or my team while participating in this event.

Signature of Team Leader: __________________________ Date: __________________________

(Your printed name serves as a signature for on-line registration.)

___ Please contact me about volunteering with ASGC.

Mail to:

Bird Quest Registration
P.O. Box 391037
Solon, OH 44139