



# 25<sup>th</sup> ANNUAL GARY LINCOFF MUSHROOM FORAY SEPTEMBER 20, 2025 • THE LODGE AT NORTH PARK

Guests Mycologists: BRITT BUNYARD, founder, Publisher, and Editor-in-Chief of Fungi Magazine • MATT KASSON, Assoc Prof. of Forest Pathology and Mycology WVU

**Foray includes Mushroom Feast. Bring your own lunch. Light refreshments will be served.  
The Lodge at North Park – N. Ridge Dr., Allison Park, PA 15101**

**– REGISTRATION REQUIRED –**

**Children are welcome, but this event is structured for adults. There are no activities for kids.**

**NOTE: ON SEPTEMBER 1, 2025 ALL REGISTRATION FEES WILL INCREASE BY \$10.**

INDICATE THE NUMBER/QUANTITY FOR EACH ITEM SELECTED. ALL FEES PER PERSON. PLEASE PRINT CLEARLY.

_____ \$50 WPMC member / \$60 on or after 9/1/25 (with current paid 2025 membership)	sub total: _____
_____ \$75 Non-members / \$85 on or after 9/1/25 (includes 2025-26 Membership)	sub total: _____
_____ \$30 Students (with ID) & kids 11 to 18 / (members or non-members) kids 10 & under free. / \$40 on or after 9/1/25	sub total: _____
<b>FORAY T-SHIRT: \$20 each</b> _____ Small _____ Medium _____ Large _____ XL _____ XXL	sub total: _____

**PLEASE PRINT CLEARLY**

**TOTAL AMOUNT ENCLOSED: \_\_\_\_\_**

CONTACT ME REGARDING VOLUNTEERING OPPORTUNITIES

Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

E-mail (**PLEASE PRINT CLEARLY**) \_\_\_\_\_

**REGISTER & PAY ONLINE: [www.wpamushroomclub.org/lincoff-foray/](http://www.wpamushroomclub.org/lincoff-foray/)**

**REGISTER & PAY BY CHECK (payable to Western PA Mushroom Club):**

WPMC, c/o Jared Delaney, 1912 Chislett Street, Pittsburgh, PA 15206

**FOR MORE INFO: [Lincoff-Foray@wpamushroomclub.org](mailto:Lincoff-Foray@wpamushroomclub.org)**

**The foray feast can only happen if individuals volunteer to cook and serve.**

**Please reach out to MIKE HENRY if you can help at [FORAYFOOD@WPAMUSHROOMCLUB.ORG](mailto:FORAYFOOD@WPAMUSHROOMCLUB.ORG)**

**REGISTRATION & RELEASE: SIGNED & DATED RELEASE FORM IS AN ABSOLUTE REQUIREMENT FOR ATTENDANCE.**

Knowing the risks, I (we) agree to assume the risks, and agree to release, hold harmless, and to indemnify the Western Pennsylvania Mushroom Club, and any of its officers or members, from any and all legal responsibility for injuries or accidents incurred by myself or my family during, or as a result of, any mushroom identification, field trip, excursion, meeting or dining sponsored by the club.

Signature (if participant is under age 18, signature of parent or guardian) \_\_\_\_\_ PLEASE PRINT NAME CLEARLY: (INCLUDE NAMES OF CHILDREN UNDER TEN)

1 \_\_\_\_\_ 1 \_\_\_\_\_

2 \_\_\_\_\_ 2 \_\_\_\_\_

3 \_\_\_\_\_ 3 \_\_\_\_\_

4 \_\_\_\_\_ 4 \_\_\_\_\_

FOR ADDITIONAL NAMES / SIGNATURES, PLEASE INCLUDE AN EXTRA PAGE