



Western Pennsylvania Mushroom Club

# 24<sup>th</sup> ANNUAL GARY LINCOFF MUSHROOM FORAY SEPTEMBER 21, 2024 • ECONOMY VFD BANQUET HALL

## PLUS: Free Mushroom Walk Friday, September 20 • Cook Forest

Guests Mycologists: **SIGRID JAKOB**, President of New York Mycological Society

**HANNAH HUBER**, Conservation Mycologist for Pennsylvania Natural Heritage Program

**SATURDAY, September 21 (all day): Foray includes Mushroom Feast.**

**Bring your own lunch. Light refreshments will be served.**

**Economy VFD Banquet Hall • 3308 Conway Wallrose Road, Sewickley, PA 15143**

**— REGISTRATION REQUIRED —**

**FRIDAY, September 20 (10:00 A.M.): Meet at Shelter 2, Cook Forest State Park, Clarion County. FREE**

**— TRANSPORTATION AND LUNCH NOT INCLUDED —**

**NOTE: ON SEPTEMBER 1, 2024 ALL REGISTRATION FEES WILL INCREASE BY \$10.**

Indicate the number/quantity for each item selected. All fees per person. PLEASE PRINT CLEARLY.

_____ <b>\$50 WPMC member</b> / \$60 on or after 9/1/24 (with current paid 2024 membership)	sub total: _____
_____ <b>\$70 Non-members</b> / \$80 on or after 9/1/24 (includes 2024-25 Membership)	sub total: _____
_____ <b>\$30 Students (with ID) &amp; kids 11 to 18</b> / (members or non-members) kids 10 & under free. / \$40 on or after 9/1/24	sub total: _____
<b>FORAY T-SHIRT: \$20 each</b> _____ <b>Small</b> _____ <b>Medium</b> _____ <b>Large</b> _____ <b>XL</b> _____ <b>XXL</b>	sub total: _____

**PLEASE PRINT CLEARLY**

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

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)**

**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