



26th ANNUAL GARY LINCOFF MUSHROOM FORAY OCTOBER 10, 2026 • THE LODGE AT NORTH PARK

Guests Mycologists: Kristen Wickert, PhD, *Fungal Plant Pathogens: Ecological Role in the Forest* and Alden Dirks, PhD, *False Morels or True Lorchels? A Deep Dive into the Toxicology and Edibility of Gyromitra Mushrooms and Related Species*

The Lodge at North Park • N. Ridge Dr., Allison Park, PA 15101

PRE-REGISTRATION REQUIRED • FORAY INCLUDES AN EVENING MUSHROOM FEAST • BRING A SACK LUNCH
Children are welcome, but this event is structured for adults. There are no activities for kids.

NOTE: ON SEPTEMBER 15, 2026 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 9/15/26 (with current paid 2026 membership) sub total: _____

_____ **\$75 Non-members** / \$85 on or after 9/15/26 (includes 2026-27 Membership) sub total: _____

_____ **\$30 Students (with ID) & kids 11 to 18** / (members or non-members) kids 10 & under free. / \$40 on or after 9/15/26 sub total: _____

FORAY T-SHIRT \$20 EACH: _____ **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 _____

Emergency Contact Name _____ Phone _____

E-mail (**PLEASE PRINT CLEARLY**) _____

REGISTER & PAY ONLINE: www.wpamushroomclub.org/lincoff-foray/

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

WPMC, c/o Dawn Wehman 285 Kindale Street, Ellwood City, PA 16117

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

Please email us at Lincoff-Foray@wpamushroomclub.org and let us know what you are bringing to share.

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