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## LIBERTY STATE PARK NATURE INTERPRETIVE CENTER

200 Morris Pesin Drive Jersey City, NJ 07305 (201) 915-3402, Ext. 101 lspoffice@verizon.net



## **Kayak Eco Tour Reservation Form**

Please choose three tour dates in order of preference.

at .	n d	nd.	
1 <sup>st</sup> choice:	and 1	ord _1_ : _ :	
r choice.	2" choice:	3" choice:	

Come explore the natural beauty of the Hudson River Estuary by kayak. Tours will embark from the canoe/kayak launch located at the south side of Liberty State Park near the Park Office and will highlight the local wildlife and habitats of Caven Point.



## **General Information:**

- \* Reservations are limited to a maximum of eight participants. Limit one tour per season.
- No prior paddling experience is necessary; participants must be comfortable navigating in relatively deep water. Personal flotation devices (PFDs) will be provided. **All participants must be at least 16 years of age.**
- ❖ In case of inclement weather, we will contact you by 9:00 AM on the morning of the trip if we need to cancel.
- ❖ All tours will run from 10:00 AM Noon. Meet at the kayak launch, located in the easternmost parking lot on Morris Pesin Drive by the Park Administration Office, at 9:30 AM. Look for the State Park Service vehicle and trailer to check in.
- ❖ Please dress for the weather, and be prepared to spend some time on the water. Water shoes or old sneakers that can get wet (no open toed shoes, flip flops, or Crocs) are recommended. Sunscreen is recommended, as are sunglasses, a hat, water, and a snack.
- ❖ A 50% cancellation fee will be effective immediately. No refunds will be issued for any cancellations with less than 48 hours' notice. If Liberty State Park cancels the kayak eco tour, we will try to reschedule if space permits, or provide a full refund.

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## Liberty State Park Kayak Eco Tour Payment Form



Contact Name:						
Address:						
City:	State:	Z	ip:			
Phone:	Cell:					
Fax:	Email:					
Date of Program:						
Number of participants:	X \$15.00	X \$15.00 = Total:				
Method of Payment: PAYMENT MUST BE RECEIVED	O TO RESERVE YOUR S	SPACES!				
Check one: Cash (No cash refunds)	Check #(Make checks payable to "Treasurer, State of NJ")					
Credit Card Type:	Card Discover	☐ Visa	☐ American Express			
Cardholder Name:		<del>.</del>				
Billing Address:						
City:	State:	Zip:				
Credit Card Number:		Ехр. Г	Date:			
Signature of Cardholder:	::Date:					
Cancellation / Refunds: A 50% cancellation fee will be efficancelled with less than 48 hours reschedule if space permits, or processing the second se	fective immediately. No s' notice. If Liberty State	refunds will be i				
Date of Cancellation:	Name of	person cancelling	g rental:			
Date of Refund:	Refund Metho	od: 🗌 Credit Ca	ard Check Request			
Reservation #:	Employee processing refund:					
Reason for cancellation:						