May 24, 2019

Experience Your Environment

Dear Alumni and Donors,

We are planning a wonderful weekend of reunion, remembrance, reflection, and recreation, and I am so glad that you will be back to celebrate our 50th Anniversary with us! Please read through the attached information and return all forms to us by Friday, June 7. The tentative schedule is as follows:

Friday, June 14

- 5:00-9:00 Check-In
- 5:00-9:00 Welcome, Evening Social with Drinks and Appetizers (no dinner will be served this evening)
- Campfire (weather permitting)

Saturday, June 15

7:30-8:30 Breakfast

OPEN HOUSE DAY FOR EVERYONE

- Activities: High Ropes, Canoeing, Archery, Climbing Wall, Campus Tour, Forestry Hike, Open Barn
- 11:00-1:00 Lunch (available for purchase if not registered for a weekend package)
- Activities: High Ropes, Canoeing, Archery, Climbing Wall, Campus Tour, Forestry Hike, Open Barn
- 2:30-4:00 Alumni Circle Sharing Time

DINNER AT THE LAKE AND PRESENTATION

- 5:00-6:00 Social Hour and Appetizers
- 6:00-7:00 Dinner
- 7:00-8:00 Presentation: ACNW AT 50 YEARS
- 8:00 Evening Social Continues
- Campfire (weather permitting)

Sunday, June 16:

- 6:30-8:00 Bird Hike
- 8:00–9:00 Breakfast
- 9:00–11:00 Outing to Banning State Park (taking bag lunches)
- 9:00–11:00 Self-led activities at ACNW: canoeing, hiking
- Check out by 11:00

I look forward to seeing you again!

Safe travels,

Bryan Wood Executive Director

#ACNW50 #ExperienceYourEnvironment

an Wood







ACNW 50th Anniversary Weekend

June 14-16, 2019

To participate in ACNW 50th Anniversary Weekend, please complete the following required forms:

- Participant Info and Linens Request form
- Health & Liability Forms (fill out one for each member of your family/group)

Please return completed forms to us no later than June 7, 2019

Email: audubon1@audubon-center.org

Fax: 320-245-5272

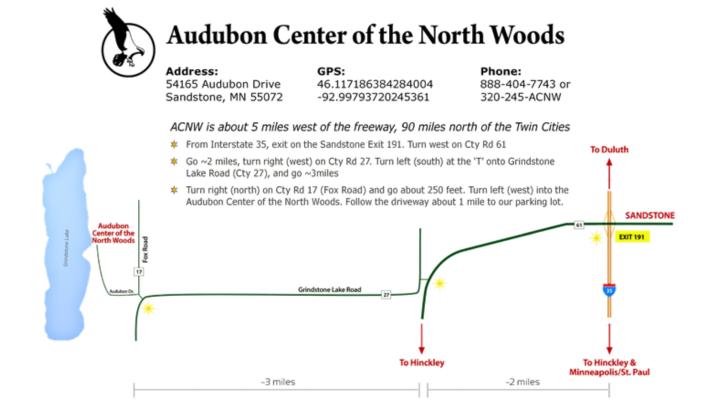
Mail: ACNW, PO Box 530 Sandstone, MN 55072

Arrival: Plan to arrive at the Center between 4-6 pm, Friday, June 14. Please note: if you arrive before 5 pm, you may not have access to your lodging room yet, but will be welcome to hike the trails or explore our property. See map and driving directions below.

Departure: The weekend ends after lunch on Sunday, June 16. Check out by 11:00 pm. Please see the tentative Schedule of Activities in the cover letter.

Travel by Bus: Groome Transportation shuttle service picks up at the airports of MSP and Duluth - check with www.groometransportation.com (tel. 218-724-4676) for the schedule, and disembark at Victory Gas Station in Sandstone. We can arrange to pick you up at Sandstone but you must let us know your arrival/departure times to/from Sandstone no later than Tuesday, June 11, 2019 so we can arrange pick up/drop off.

Directions to the Audubon Center from the Twin Cities and Duluth:



ACNW 50th Anniversary Weekend

June 14-16, 2019

General information

<u>Meals:</u> Meals are served in the dining hall. We make every attempt to offer and identify vegetarian, vegan and gluten-free menu options at each meal. If you have severe food restrictions or specialized dietary needs, please indicate those on your health form.

Phones: Cell phones have spotty reception at our location – text messages usually go through but cellphone calls can be problematic in some locations, depending on your carrier. There is a phone in the lodging buildings and the dining hall. You must use a credit card or call collect for long distance outgoing calls. The fax number for the center is (320) 245-5272.

Internet: There is wireless internet access in all of our lodging buildings and main dining hall.

<u>Cigarette smoking and vaping</u>: Smoking and vaping are not allowed in any of the buildings; please use designated areas, away from building entrances.

Location of ACNW: The Audubon Center of the North Woods is located about 90 miles north of the Minneapolis/St. Paul metropolitan area and about 70 miles south of Duluth. The center is situated on 780 acres on the east shore of Grindstone Lake, approximately six miles west of Sandstone, Minnesota. (See driving and shuttle directions on the previous page).

Accommodations:

Unless you are camping, you will be housed in either Crosby or Lowry Lodge - each dorm-style room has bunk beds with twin-size mattresses; the rooms are very basic - no tv, radio or clocks. If you are camping, you may use the bathrooms on the lower level in Lowry Lodge.

There is a washer and dryer available in Crosby Lodge. Wash= \$1.50, dry = \$1.00, in quarters.

Packing notes:

Most of the events will take place in various outside locations, so watch the weather beforehand, and pack accordingly. **Don't forget to bring your own towels, bedding, pillow, and toiletries** (soap, shampoo, toothpaste, and medications). If you'd like to use our bedding and towels (\$10/set), please return the Linens Request Form along with your other forms. You know how we are blessed by mosquitos and ticks in June, so please also bring appropriate bug repellent.

<u>Gift store:</u> We have a small gift store where some toiletry items can be bought, as well as cards, books, and other gift items.

If you have any further questions, please call us at 320-245-2648 or email audubon1@audubon-center.org.

ACNW 50th Anniversary Weekend

June 14-16, 2019

Participant Information & Linens Request Form (required)

Please return this completed form to us no later than June 7, 2019

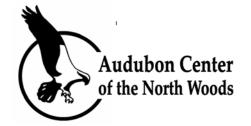
Email: audubon1@audubon-center.org

Fax: 320-245-5272

Mail: ACNW, PO Box 530 Sandstone, MN 55072

Please fill out the following information for all the members of your family attending ACNW 50th Anniversary Weekend.

| NAME OF ADULT PARTICIPANT(S): | | | | | |
|-------------------------------|--|----------|-------------|--|--|
| NUM | IBER OF CHILDREN ATTENDING | - | _ | | |
| 11011 | | | | | |
| | NAME: | AGE: | | | |
| | NAME: | AGE: | | | |
| | NAME: | AGE: | | | |
| | NAME: | AGE: | | | |
| | NAME: | AGE: | | | |
| | NAME: | AGE: | | | |
| Cell I | | | _ _ _ | | |
| Line | ns Request – (\$10.00 person) | | | | |
| | NO, we will not need linens – we will be bringing our own sleeping bags or blankets and sheets, pillows, and towels. | | | | |
| | YES, we would like sheets, blankets, pillows and towels during our stay and understand there is a \$10 per person charge. | | | | |
| | Total number of people needin | g linens | | | |
| \$ | Total cost for linens. If not already paid, please enclose a check to ACNW for this amount (or you may call in your credit card payment). | | | | |



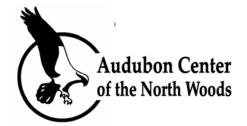
Health/Medical Form

Please mail, email or fax to: Audubon Center of the North Woods PO Box 530, Sandstone, MN 55072

Fax: 320-245-5272; Email: audubon1@audubon-center.org

Please complete this form for each participant in your party

| Guest's Name | | | |
|---|--------------------------------------|--|---------|
| | | | |
| City, State Zip | | | |
| Cell or Home Phone | s | | |
| Date of Birth | | | |
| Emergency Contact | Primary Physician (s) | <u>Insurance Information</u> | |
| Name | Name | Carrier | |
| Relationship | Phone | Policy # | |
| Daytime Phone | Name | Group # | |
| Evening Phone | Phone | Phone | |
| Dietary preferences or restrictions | edication):s | R: No known allergies etc.). Note: We make every attempt to offer and ere food restrictions or specialized dietary needs, you m | ay need |
| 4. List any medications taken on a da | ☐ Do not take any medications | | |
| 5. Do any medications require refrige 6. Do you have any other Medical Co | eration? | e aware? (describe below) | |
| 7. Will you have any special Medical | requirements during this event? | ☐ Yes ☐ No | |
| Medical personnel who might | need to provide care to me during th | | _ |
| in the event of an emergency, | I authorize treatment by emergency | cy medical personnel. | |
| Signature Date | | | |



Liability Release Form

Audubon Center of the North Woods, PO Box 530, Sandstone, MN 55072

Fax: 320-245-5272

Email: audubon1@audubon-center.org

Please complete and sign this form for each participant

in your party - required before program participation

| Assumption of Risk and Liability Release | |
|--|---|
| Participant Name | |
| the North Woods. I acknowledge and am aware that this passume. These risks may include (but are not limited to) pillness, death or property damage due to inclement weath snowshoeing; rock climbing and belaying on an indoor climbing center sites; and other peoples' actions. Following appropriate that the peoples is actions. | I participant to participate in the program at the Audubon Center of program involves certain inherent risks which I expressly accept and physical injury, emotional injury, paralysis, permanent disability, er; walking on uneven trails; canoeing; cross country skiing; mbing wall; a high ropes course activity; field trips to non-Audubon priate medical consultation, I have determined that my child's/my accept as indicated on the Student or Adult Health Form). In the cy medical personnel. |
| personnel, agents, affiliates, staff and directors, from any or damage. This release applies to any and all liabilities to negligence or otherwise, and whether involving fees and eseeks compensation for these released liabilities, I or my | narge the Audubon Center of the North Woods, including all of their and all liabilities to me with respect to injury, sickness, disease, loss of me or my estate of any description, whether arising from ordinary expenses of any kind. In the event that some other person or entity estate will indemnify and hold harmless the Audubon Center of the eto that claim. This release is to be interpreted and enforced under |
| activity, I may be found by a court of law to have waived net the basis of any claim for negligence. I have had enough to | am hurt or if my property is damaged during my participation in this ny right to maintain a lawsuit against the parties being release on time to read this agreement and consult with legal counsel if I so made available to me if I were to choose not to sign this release. I e bound by its terms. |
| Parent/Guardian or Participating Adult Signature (requi | ired) |
| Address | |
| City Sta | tte Zip |
| Date | |
| I am a (please check one of the following): | |
| ☐ Participant of legal age/adult. | ☐ Parent/Guardian/Chaperone who will attend the Audubon |
| □ Parent/Guardian who will not be attending the Audubon Center program. | Center program. Teacher/Staff Member of the participating school/group who will attend the Audubon Center program. |
| Select one below (required): | |
| ☐ Yes, I authorize the Audubon Center to use any photos taken during the visit in publicity materials for the Center and understand my/my child's name will not be used. | □ No, I do not authorize the Audubon Center to use any photos taken during the visit in publicity materials |
| (Par | ent/Guardian or Participating Adult Signature required) |