

International Ministries at Penn State
Hiking at Ricketts Glen State Park
Sat., April 14, 2012

Enjoy an afternoon of hiking at one of the most beautiful places in Pennsylvania, with over 20 waterfalls along the hiking trails! We will leave from the lobby of the Pasquerilla Spiritual Center promptly at 9:00 AM on Saturday, April 2314, and drive 2 hours north and east to Red Rock, PA. We will spend a few hours hiking there and enjoying the beautiful springtime. Ricketts Glen State Park has 26 miles of hiking trails of various difficulties. We will walk on the Falls Trail, which goes beside 18 waterfalls (ranging in height from 11 feet to 94 feet). The total hike distance is about 4 miles. You should bring water and some food to eat for lunch. We will plan to return to State College by 6:00 PM.

To register for this trip, complete the trip registration form below and return it to me with your payment. The transportation cost for this trip is only \$20. The 28 available spaces will go to those who are first to pay the \$20 cost, so I encourage you to respond promptly. (Make checks payable to "Bill Saxton". If I am not in my office when you come, you can slide a check or envelope with cash under my office door and I will send you a receipt confirming I received it and that you are registered for the trip.) Note: In the event rain is forecast for that day, this trip will be postponed to April 30, or you may have your payment returned to you. I hope to spend the day hiking with you!

Bill Saxton 210A Eisenhower Chapel Phones: 865-1935404-6763 Email :wjs9@psu.edu

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IMPS Ricketts Glen Hiking Trip Spring 2012 Registration Form

Name: (Mr. Ms. Dr.) _____ Male/Female: _____ Age: _____
(circle the proper title) (circle the name you would like to be called)

Local Address _____ Office/Lab Address: _____
Cell/Home Phone: _____ Office/Lab Phone: _____ Email: _____

Are you: (check one) Visiting Scholar Grad Student (For PhD? Y/ N)
 Humphrey/Fulbright Fellow Intensive English Undergrad Student

Major/Field of Specialization: _____ Home Country: _____

In case of emergency, contact: _____ Phone: (____) _____

List any medical issues, special needs, or food restrictions: _____

List any additional family members coming with student/scholar:

(Mr. Mrs. Miss) name _____ relationship: _____ age: _____
(Mr. Mrs. Miss) name _____ relationship: _____ age: _____

Please read and sign:

In consideration for being allowed to participate in this activity, I personally assume full responsibility for my actions (and of my accompanying family members), and release the staff and agents of International Ministries, and associated organizations, from responsibility for any loss, injury, or damage to myself, my family or my property, provided such persons shall act with reasonable care for the safety of me, my family and my property. Should any dispute or controversy arise, I agree to seek resolution according to Biblical principles through Christian Conciliation Services.

Signature: _____ Date: _____