Sign Up Form
Dinovember 2025 Royal Tyrrell Museum of Palaeontology Sleep-In

Date: Friday, November 28 - Saturday, November 29
Registration Deadline: Friday, October 24

All fees must be paid by the registration deadline for the trip (October 24). No refunds will be given after the registration deadline. NO LATE REGISTRATIONS WILL BE ACCEPTED. Non-members and unaccompanied minors will not be allowed to attend field trips. Note that the fees are per person.

This field trip is primary aimed at children (5-13). Unfortunately **no unaccompanied adults can attend this trip.**

To register please complete the form and send to:

Eric Campbell
Field Trip Coordinator, Alberta Palaeontological Society
404 Hawkside Mews NW, Calgary, AB, T3G 3R9
E-mail: fieldtrips@albertapaleo.org
Phone: (587) 226-6980

Pay by Interac E-transfer (Canada only). Follow directions on your bank's online banking site or mobile app. Bank fees may apply. Payee is **giftshop@albertapaleo.org**.
Please state in the message field: "RTMP Sleep-in 2025."

Or, send cheques or money orders made payable to the Alberta Palaeontological Society. Do not send cash in the mail. All registrations will be acknowledged.

Email a scan or photo of the completed registration form to fieldtrips@albertapaleo.org.

Please use the table on the reverse side to calculate the total fee for the trip.

While only members of the APS can register for a trip, you can choose to purchase either an individual or family membership at the same time as registering for this trip. If you do so, we will extend the membership for the entirety of 2026 and send the membership forms to the email address below.

Name: _____

Address: _____

City: _____ Province: _____ Postal Code:_____

Phone No. _____ E-mail: _____

Cell Phone No. _____ Date: _____

Number of Child
Participants (5 - 13)   _____   X $54 per child =   _____

Single Memberships
(1 year)   _____   X $20 per person =   _____

Family Memberships
(1 year)   _____   X $25 per family =   _____

TOTAL: _____

Please list all registrants below:

Name	Child / Adult

Please note any food allergies / concerns: