Fungus Fest 2026 Registration Form

SEPTEMBER 25 and 26, 2026

Proud Lake State Recreation Area
3466 Wixom Road, Commerce Township, MI 48382

Registration fee includes Friday evening pizza/salad, Friday and Saturday hunts and evening programs, Saturday sub sandwich lunch, Saturday potluck dinner (bring a dish to share **with ingredients labeled**)

Registration is also available online at:
https://pci.jotform.com/form/262316056968162

PRE-REGISTRATION WITH PAYMENT IS **REQUIRED** AND **DUE BY SEPTEMBER 19**

Names for which you are registering and paying – names, as given below, will be on name tags:

_____ _____

_____ _____

Address_____ City_____ State_____ Zip Code _____

Email address: _____ Phone _____

Registration for Members: $40/person **Number of Members _____ X $40 = _____**

Children (Children under 8 years of age attend FREE; numbers are needed for meal counts)

Number of Children _____

Registration for Non-members: $60/person **Number of Non-members _____ X $60 = _____**

($15 of this fee will be applied to a 1-year MMHC Membership, additional form required)

Rooms: $50.00 per night (includes Continental Breakfast on Saturday and Sunday mornings)
Bring your own linens, blankets, pillows, etc. Bathrooms/showers are located 300 feet away.
Rooms are required to be "broom clean" and all trash removed before leaving on Sunday.

Number of rooms _____ X Number of nights _____ X $50 = _____

TOTAL DUE: _____

Interested in participating in "Friday Night Mic"? (please circle) Yes No

If yes, what is the name/subject of your 15 minute presentation? _____

Make checks payable to MMHC and mail with completed registration form.

If you wish to pay by credit card, you may do so at PayPal.com
Make payment to: mimushroomhuntersclub@yahoo.com

You must send the completed registration form to the Treasurer by email or USPS

MAIL TO: Karen Poole, Treasurer 2014 Cumberland Road, Lansing, MI 48906
Email: mimushroomhuntersclub@yahoo.com

MEAL PLANNING INFORMATION

Will you attend the pizza/salad meal on Friday evening? ____ Yes ____ No
Will you attend the submarine sandwich lunch on Saturday? ____ Yes ____ No
Will you attend the potluck dinner on Saturday evening? ____ Yes ____ No

For special dietary needs, please complete the following:

Vegetarian meals: _____ Friday _____ Saturday
Vegan meals: _____ Friday _____ Saturday
Gluten free meals: _____ Friday _____ Saturday

SIGN MMHC STANDARD WAIVER ON THE BACK OF THIS FORM BEFORE MAILING

Fungus Fest Waiver Form

EACH PERSON REGISTERING FOR FUNGUS FEST 2026 MUST SIGN AND RETURN THE FORM BELOW

MICHIGAN MUSHROOM HUNTERS CLUB LIABILITY WAIVER

I hereby acknowledge and accept that there are inherent risks involved in the collection, identification and ingestion of wild mushrooms. I realize mushroom forays are held in public woodlands where natural hazards do occur, immediate medical attention may not be available and the foray leader may not be trained in emergency treatment. I further understand that people can have known or unknown food allergies and people can experience gastric disturbances from ingesting wild mushrooms.

In consideration of this acknowledgement and my voluntary participation in activities relating to the Michigan Mushroom Hunters Club (**MMHC**), having read this waiver and understanding the risks involved in participating in the **MMHC** events, and of the agreement by the **MMHC** to allow me to participate in its activities.

I hereby release, on behalf of myself, and my successors, heirs, assigns, executors, and administrators, the **MMHC**, its officers, directors, members and volunteers from any claims of liability or demand whatsoever, including but not limited to bodily injury, sickness, disease, death, property loss or damage, or any other loss or damage of any kind which may arise out of or in connection to my participation in **MMHC** events, whether resulting from negligence or from some other cause.

I have read and understand the forgoing Waiver of Liability, and by signing below I indicate my agreement. It is my intent to be legally restrained from asserting any claim connected herewith and I understand this agreement is unconditional and may not be waived by any person for any reason whatever.

_____	_____
NAME: PLEASE PRINT	NAME: PLEASE PRINT
_____	_____
SIGNATURE:	SIGNATURE:
DATE: _____	DATE: _____

Simple...Fast...Convenient!

Fungus Fest Registration (including signing this Waiver of Liability) is now available online. Payment can be remitted at the time of registration using a credit card or your PayPal account!

visit https://pci.jotform.com/form/262316056968162