## **System Remole 2024**









## Bridgeport, CA - July 31 - August 4, 2024

- Beautiful high dessert country touring Mono Lake Tufas and June Lakes Loop, Bodie State Historic Park, Topaz Lake loop through Smith Valley, and Twin Lakes.
- Tour registration and hospitality Wednesday at Walker River Lodge, 2-7 pm. The Bridgeport Museum will be open from 4-6, and there will be an "Identity Game" in the local cemetery.
- Hospitality at Walker River Lodge each afternoon after touring.
- Elevations 6,500 to 8,500 feet. If you have health issues with high elevations this may not be a tour for you.
- Pre-tour mailer to participants will follow in mid-July.
- June 30, 2024 DEADLINE to register for this tour. Last date for refund July 15, 2024.

Walker River Lodge (host lodging)
100 Main St, Bridgeport, CA, 760-932-7021
Call and reference "Ryan Ramble" blocked rooms.
Total price for 4 nights arriving Wed, departing Sun:
1 Q \$573.44, 1 K \$645.12, 1 K w/river view or 2 Qs, small
\$752.64, 2Q w/river view \$842.24, Suites w/kitchenettes:
2Q+SLP w/river view \$878.08, 2 rms 2Q in each w/river view \$1,218.56. Lodge has a pool and hot tub.

Silver Maple Inn (overflow lodging)
310 Main St, Bridgeport, CA, 760-932-7383
Call and reference "Ryan Ramble" for blocked rooms.
Two blocks from the host lodge

Bridgeport Reservoir Marina & Campground 1845 Hwy 182 Bridgeport, CA, **760-932-7001** Call or book on-line ASAP as only 12 pull-thru RV sites left.

Reserving your spot on the tour DOES NOT reserve your lodging, and reserving your lodging DOES NOT reserve your spot on the tour, so *BE SURE to do both*.

We will email receipt of your tour registration within 10 days. If you do not hear from us, please call! ..... Send in this reservation form w/check by June 30, 2024. Driver's Name \_\_\_\_\_ Additional passengers and/or child name(s) and ages(s): Address \_\_\_\_\_Street Cell phone to be used on tour \_\_\_\_\_ Email \_\_\_\_ Registered owner of car \_\_\_\_\_ Club affiliation \_\_\_\_\_ Registered year of car \_\_\_\_\_ Make \_\_\_\_\_ Body \_\_\_\_ Policy Number \_\_\_\_ Insurance Carrier Adults: #\_\_\_\_ @ \$110 each #\_\_\_\_\_ @ \$110 each \$\_\_\_\_\_ Children under 12 years: #\_\_\_\_ @ \$ 50 each \$\_\_\_\_\_ /e to: NCRG-HCCA Tour Fees: Make checks payable to: NCRG-HCCA Total Amount \$

Mail registration form and check to: Kathy Ryan, 7245 Walnut Ave, Orangevale, CA 95662

In acceptance of attending NCRG HCCA scheduled activities, I/we hereby indemnify both the National HCCA and the NCRG-HCCA and its officers thereof from any injury, damage or loss resulting from my/our participation in said event. This waiver of liability also applies to any and all guests or participants I/we bring to said event.

Signature \_\_\_\_\_ Questions? Call Kathy Ryan 916-296-6129