



Multiday Trip Registration Form

Name(s): 1) _____ 2) _____

Age: _____ Sex: M F Age: _____ Sex: M F

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell: _____ Email: _____

Trip Requested: Trip Name: _____ Date of Trip: _____

Room Preference: Sharing Room (one bed): _____ Sharing Room (two beds): _____ (single supplement may apply if we cannot arrange a roommate) Preferred Roommate's Name _____ (if known)
Single: _____ (single supplement will apply)

Dietary Restrictions: _____

Please list any pertinent health concerns: _____

Please list any medications you are on: _____

Emergency contact: _____ Telephone: _____

Do you have prior experience for the activity you are registering for? (please describe) _____

Do you exercise regularly? (please describe) _____

How did you hear about us? _____

Have you ever traveled with us before? Yes _____ No _____ Where? _____

Deposit Enclosed \$ _____ (\$500.00 per person deposit for trips of 3 days or more. We accept payments in the form of personal checks, money orders or any major credit card. See reservation details for cancellations and refund information. Balance of trip price due 60 days prior to trip departure date.)

C/C # _____ CVV _____ Exp. Date _____

Signature: _____ Name on card: _____