



REGISTRATION / APPLICATION One per person

NAME:	
AGE:	SEX:
STREET/CITY/STATE/ZIP:	
HOME PHONE:	WORK PHONE:
CELL:	
E-MAIL:	

COURSE/TRIP TYPE:
TRIP DATE:
RELATED PREVIOUS EXPERIENCE:
HOW DID YOU HEAR ABOUT US?
ANY SPECIAL MEDICAL CONDITIONS? (If "yes", give details)
ALLERGIES TO MEDICINES/FOOD? (If "yes", explain)
DO YOU CARY MEDICAL INSURANCE? (If "yes", name of provider)
EMERGENCY CONTACT: PHONE: RELATIONSHIP:

GEAR NEEDS: Shoe size: Harness? Yes/No Helmet? Yes/No	PAYMENT TOTAL: _____ (We accept VISA, MasterCard, AMEX, Disc, check, money order, cash) We need a card # for deposit to reserve your spot. This may also be done by phone or payment by 2 nd party
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CREDIT CARD NUMBER:	EXP DATE::
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SIGNATURE: _____ Int: _____ I understand that there is no deposit refund available within 7 days of the program start date. If you feel that you may have to cancel or re-schedule your trip we strongly recommend you obtain travel insurance.