



NAME _____
PHONE _____
EMAIL _____

ACTIVITY: SNOWSHOE CROSS-COUNTRY SKI BACKCOUNTRY SKI ICE CLIMB

EXPERIENCE IN CHOSEN ACTIVITY? (Frequency, years spent, classes)

LUNCH PREFERENCE: SALAMI TURKEY VEGGIE

CRITICAL MEDICAL CONDITIONS? (Allergies, heart & lung problems, diabetes, etc.)

WHERE DID YOU HEAR ABOUT GLACIER ADVENTURE GUIDES? (Please choose one)

- Website (www.glacieradventureguides.com)
- Brochure/poster
- Other online source (who?) _____
- Word of mouth (who?) _____
- Other _____

PARTICIPANT INFORMATION:

NAME	HT.	WT.	SHOE SIZE	AGE
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OFFICE USE ONLY:

DATE OF TRIP: ___/___/___ NO: IN GROUP: ___ TOUR LOC.: _____

DEPOSIT OF \$ _____ RECEIVED ON ___/___/___ BY _____