

GUEST INFORMATION

NAME: _____

ADDRESS: _____

PHONE #: _____

EMAIL: _____

PERSONAL INFORMATION:

Weight _____ Height _____ Shoe size _____

Birthday (optional) _____

NUMBER IN PARTY: _____

SPECIAL DIETARY NEEDS: _____

IN CASE OF EMERGENCY:

(Someone not joining you on your trip)

NAME: _____

PHONE #: _____

RELATIONSHIP: _____

Please send this form back with your signed Waiver and Release Agreements.

Thank you!

PO Box 8092 Port Alexander AK 99836