

**ALASKA MOUNTAIN GUIDES
& Climbing School Inc.**
WHITE WATER REGISTRATION FORM

Name: _____

E-Mail: _____

Trip Name: _____

Starting Date: _____ Number of Days: _____

Mailing Address _____ _____ _____	Phone Home: _____ Work: _____ Cell: _____
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Age

Gender

Height

Weight

Waist

Shoe Size

General state of health: _____

List any previous medical conditions:

Are you taking any medications? _____ What type and why? _____

Are you allergic to any medications? _____ What type? _____

Dietary Restrictions: _____

Please list any prior experience: _____

What are your expectations for this course? _____

Do you have future rafting objectives? _____

In Case of Emergency Notify: _____

Phone: _____ Address: _____

Medical Insurance Carrier: _____

Policy Number: _____

A \$250 deposit will reserve your space on any of our multi-day trips, with the balance due 60 days prior to trip departure. For half-day and one day trips the deposit is \$75 with the balance due two weeks prior to trip departure. We accept personal or cashiers checks, credit cards, and wire transfers. Amount enclosed: \$ _____

How did you hear about Alaska Mountain Guides? _____

Please visit our website to view our trip policies, at www.alaskamountainguides.com/register.html. If the Internet is not convenient for you, we will mail or fax you a copy. Please sign below.

I have read and agree to the Alaska trip policies

(SIGNATURE)

Travel and Accommodations:

Arrival Date/Time: _____

Airline: _____

Flight Number: _____

Lodging: _____

Phone Number: _____

Departure Date/Time: _____

WWW.ALASKAMOUNTAINGUIDES.COM

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