



This form must be completed, *signed*, and returned to us so we can learn more about your interests, mountain background, and abilities. The information you provide is used to meet *your* needs. **Please be complete.**

PERSONAL INFORMATION

NAME _____ AGE _____ SEX _____
ADDRESS _____ PHONE _____
CITY _____ STATE _____ ZIP _____
OCCUPATION _____ EMAIL ADDRESS _____

OUTING INFORMATION

List the date and activity you are scheduling _____

How did you become interested in doing a trip with us? _____

Have you had any prior hiking, mountaineering, technical climbing, or skiing experience? _____
Please describe _____

Have you participated in any other Sawtooth Mountain Guides activities? _____
Please list _____

Special interests while out (i.e. flyfishing, photography, summit climbs, technical climbing, telemark skiing, ski touring, relaxing, etc.) _____

Do you have any food preferences? Please list _____

Are there foods you avoid eating? _____

Are you adequately equipped for a mountain outing? _____

List items you will need to rent: (include shoe size for climbing) _____

Sawtooth Mountain Guides has equipment available to rent. Please make arrangements with us in advance.

HEALTH

List physical activities, hobbies, and interests _____

Physical condition: Excellent _____ Good _____ Fair _____ Out of Shape _____

Height _____ Weight _____

Please list health concerns _____

Allergies (medications, plants, insects) _____

Describe if currently under a doctor's care or taking prescribed medications _____

EMERGENCY CONTACT

Name _____ Phone _____

Address _____