



## Client Information Form

### PERSONAL INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation \_\_\_\_\_ E-mail \_\_\_\_\_

### OUTING INFORMATION

Date and activity: \_\_\_\_\_

How did you find out about Sawtooth Mountain Guides? \_\_\_\_\_

Briefly describe prior climbing/skiing/hiking experience: \_\_\_\_\_  
\_\_\_\_\_

Dietary restrictions, food requests (multi-day trips only): \_\_\_\_\_

Equipment needed, if any (discuss with SMG): \_\_\_\_\_

### HEALTH

List sports, outdoor activities, etc. \_\_\_\_\_

Physical condition (circle one): Excellent                  Good                  Fair                  Out of shape

Height/Weight: \_\_\_\_\_ Shoe Size \_\_\_\_\_

Health concerns: \_\_\_\_\_  
\_\_\_\_\_

Allergies (penicillin, bee stings, food, etc.): \_\_\_\_\_

Medications: \_\_\_\_\_

### EMERGENCY CONTACT

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

### PAYMENT AND CANCELLATION POLICY

I have read and understand the SMG Payment and Cancellation Policy. Initials/Date: \_\_\_\_\_

Sawtooth Mountain Guides\*\*\*P.O. Box 18 Stanley, ID 83278\*\*\*(208) 774-3324

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