



Contact

Information

Please fill out all fields

**Full Name**

**Email Address**

**Birth Date**

**Traveling With**

**Street Address**

**Address Line 2**

**City**

**State / Province / Region**

**Postal / Zip Code**



**Country**

**Cell Phone**

**Alternate Phone Number**

**Home Phone Number**

## **Emergency Contact Information**

Please fill out all fields

**Full Name**

**Relationship**

**Street Address**

**Address Line 2**

**City**

**State / Province / Region**

**Postal / Zip Code**

**Country**



Phone Number

Alternate Phone Number

## Questions

Please fill out all fields

**Is there anything special that we can do to provide an enjoyable experience?**

## Meal Planning

This information will allow us to tailor a menu more suitable to your interests. It will also save you time during the trip when we shop for fresh food. Our custom kitchen allows us to prepare a broad variety of meals in the field. We'll do our best to accommodate everyone.

**Do you have any special dietary needs such as food allergies, low salt, low fat, low/no sugar, vegetarian etc.? Please be as specific as possible**

**If you have dietary needs listed above please suggest meals and snacks that are appropriate to your diet**

**List all of the foods that you just don't like or tend to stay away from.**

**List the foods you really enjoy.**



**Have any special breakfast item requests?**

**Do you have any special meal requests? Is it someone's birthday or anniversary?**

## **Emergency Information**

This section is designed to assist us (and possibly other emergency personnel) in the event of an emergency. If trip participant is under the age of 18, a parent or guardian must assist in filling out this form. All fields are required.

**What is your physical fitness level?**

**Please list previous medical conditions which may be affected by your participation on this trip.**

**Have you been hospitalized recently? When and why?**

**Do you have any heart related conditions?**

**Please list any medications you are taking**

**Please list any food or medication allergies.**

**Are you allergic to bee stings? If so you must provide your own medication and have it available throughout your trip.**

**Please provide any additional information that may be useful to emergency medical personnel in the event of an emergency.**