

APPLICATION

Bear Basin Packtrips; 473 C.R. 271; Westcliffe, CO 81252

Phone: 719.783.2519 Fax: 866.244.4691

info@bearbasinpacktrips.com

Trip Name: _____ Departure Date: _____

Name: _____ Occupation: _____

Address: _____

Email: _____ Day Phone: _____

Home Phone: _____ Fax: _____

Age: _____ Sex: _____ Height: _____ Weight: _____

Have you been on a previous guided adventure trip? YES NO

If yes, with whom? _____

Where? _____ When? _____

Describe horseback and/or outdoor experience: _____

Describe your physical fitness level: _____

Do you exercise regularly? YES NO If yes, describe nature & frequency: _____

Describe health/medical conditions: _____

Medications: _____

Allergies: _____ Do you smoke? YES NO

Dietary Restrictions and/or preferences: _____

Who should be notified in case of an emergency? _____

I have insurance covering health & injury: YES NO

Company: _____ Policy #: _____

How did you hear about us? _____

Do you need to rent a sleeping bag & pad? (Cost \$35) YES NO

Do you need Round trip transportation from Colorado Springs? YES NO **Circle Card Type**

Deposit Enclosed _____ (Balance is due 45 days prior to departure – charge balance to this card? YES NO) **MC VISA DISC**

Name on Card: _____ Expiration Date: _____

Billing Address: _____

Card # _____ Signature _____

Have you read the detailed description for the trip? Date _____

Return with this form: 1) Contract for Services, 2) Deposit, 3) Participation Agreement & 4) Helmet Waiver