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### PERSONAL INFORMATION

General travel, and depending on the particular tour the activities stated in the itinerary of camping, canoeing, kayaking, and hiking, may involve possible exposure to sun, rain, wind and water, and entails a certain amount of physical exertion. If you have reason to think that recent illness, injury or surgery would affect your participation, please discuss it with your doctor. We request the following information to help safeguard your health, and ask that you provide additional details on a separate sheet if necessary. Please return these forms as quickly as possible - both this Personal Information Form and the accompanying Safety Statement & Release Form are required to be filled out in full by each client before participation on any tour or trip - Thanks for your help!

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Trip Length & Dates \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Shoe Size (mens) \_\_\_\_\_

Are you currently under a Doctor's care: \_\_\_\_\_ If so, for what reasons? \_\_\_\_\_

Are you allergic to insect bites or bee stings? \_\_\_\_\_ Are you pregnant? \_\_\_\_\_

Describe your swimming ability \_\_\_\_\_

Have you ever had:

- Allergies (food or medication) \_\_\_\_\_ Asthma \_\_\_\_\_
- Diabetes \_\_\_\_\_ High Blood Pressure \_\_\_\_\_
- Heart Disease \_\_\_\_\_ Back Problems \_\_\_\_\_
- Epilepsy \_\_\_\_\_ Dislocations \_\_\_\_\_

If yes to any of the above, please explain: \_\_\_\_\_

Do you have health insurance? \_\_\_\_\_ What company? \_\_\_\_\_

How would you describe your health? \_\_\_\_\_

Are there any limitations on your activities? \_\_\_\_\_ If so, what are they? \_\_\_\_\_

Please describe any special dietary requirements: \_\_\_\_\_

### IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**PRE-TRIP ARRIVAL INFORMATION:**

City of Arrival: \_\_\_\_\_ Date of Arrival: \_\_\_\_\_ Time of Arrival: \_\_\_\_\_

Where are you staying the night before your trip? \_\_\_\_\_

Phone number of this location (in case we need to contact you): \_\_\_\_\_

Your cell phone number: \_\_\_\_\_

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Interests/Hobbies: \_\_\_\_\_

Previous Travel Experience: \_\_\_\_\_

What factors influenced you to choose our tour company? \_\_\_\_\_

What are your expectations for this trip? \_\_\_\_\_

How did you hear about us? (...it really helps our limited advertising dollars, to know...)

Past Client Referral _____	Internet/Web (if you could recall exactly how, that would be great!) _____
Travel Agent _____	Google _____ search terms: _____
Sierra Magazine _____	Yahoo _____ search terms: _____
State Vacation Planner _____	Other _____
Family Adventure Mag _____	
AMC Outdoors _____	
Official Tour Directory _____	

Other (please specify): \_\_\_\_\_

Any suggestions? \_\_\_\_\_

*Thanks for taking the time to give us this information. We look forward to meeting you and being your guide in the Last Frontier! See you soon!*