



Reservation & Standard Information Form

Personal Information

Name _____

Address _____

Address 2 _____

City _____

State/Province _____

Zip/Postal Code _____

Email _____

Phone _____

Mobile _____

Birthday _____

Trip Questionnaire

Please answer the following questions. Your info will be used in assisting us in planning a more comfortable and successful trip for you.

Gender M F Height _____ Weight _____ Eye Color _____ Hair Color _____

Physical Condition Excellent Good Fair Poor

Smoker Yes No Occupation _____

Physical Ailments _____

Medications, if any _____

Emergency Contact _____ Emergency Phone _____

Trip Information

50% Non Refundable deposit is required with reservation form.
I understand that all money paid is non refundable. (You may apply to a trip in the following year in the event you need to cancel). Call your insurance agency for trip cancellation insurance.

Type of Trip Relaxed Float Trip _____

Float and Fishing Trip _____

Fully Guided Fishing Trip _____

Trip Dates 1st choice _____

2nd Choice Dates _____

Signed By _____ Date _____