



Day Trip Registration Form

First Name: _____

Last Name: _____

Street Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Email Address: _____

Phone Number: _____

Medical Alert Information: _____

Emergency Contact

Name: _____

Phone Number: _____

Trip Registering for (check which applies)

Canoeing/Kayaking: ____ (*Afternoon only, unless a trip is booked 24 hours in advanced)

Climbing: ____ (*Morning only and must be made 24hours in advance)

Time and Date Trip Booked For: _____