

## Trip Registration Form

General Information			
NAME			
TRIP NAME	DATES		
ADDRESS			
CITY	STATE		ZIP
TEL	EMAIL ADDRESS_		
Medical			
BIRTHDATE		WEIGHT	HEIGHT
ALLERGIES			
PAST/CURRENT CHRONIC CON	NDITIONS		
RECENT ILLNESS OR INJURY_			
	ORS NAMEPHONE		
OTHER MEDICAL/PHYSICAL CO	ONSIDERATIONS		
MORNING BEVERAGE PREFER	ENCE (coffee, tea, etc)		
HOW DID YOU HEAR ABOUT U	JS?		·
Payment			
AMOUNT ENCLOSED \$	BALANCE DUE 15 DAYS PF	RIOR TO CLASS /TRIP	10% cash tip for guides suggested
day. Balance is due 15 days p	rior to trip or class. Send deposit (c	or total) and complete	tion for all trips and classes over one ed registration form to address at the top o change. If we cancel a class or trip we
It is your responsibility to not	tify us of any medical needs or spe	cial dietary considera	itions.
EMERGENCY CONTACT		TEL	
My signature indicates my de	sire to participate at Earthways and	I that I understand the	e terms:
CICNATURE			DATE