

# APPLICATION

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

Phone: 719.783.2519 Fax: 866.244.4691

info@bearbasinpacktrip.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