

MaineGuiding

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Recreational Guiding, specializing in canoe tripping and dog sledding

PERSONAL INFORMATION AND TRIP AGREEMENT

Trip Dates: _____ to _____ Rate: \$ _____
() private party () Group _____

Name: _____

Address: _____

Telephone: home- () _____ work- () _____

E-mail: _____ Fax: () _____

Date of Birth: _____ Occupation: _____

If Participant is under the age of 18, complete the next three lines:

Parents or Guardian's name: _____

Address: _____

Telephone: () _____

Previous canoeing and camping experience:

Describe your swimming ability:

Have you any illness, allergies, physical disability, temporary or chronic disorder, etc., that in any way may affect your participation? If so, describe:

Are you currently under any medical treatment that requires drugs of medications?

Do you have any dietary restrictions or preferences?

Travel Arrangements: (please confirm all specifics: meeting place, means of transportation, times, etc.)

Meeting Location: _____

Arrive Via _____ Date and time: _____

Depart Via _____ Date and time: _____

In Case of illness or emergency, notify:

Name: _____ Relationship: _____

Address: _____

Phone: home- () _____ work- () _____