

**SNAKE RIVER THROUGH HELLS CANYON / LOWER SALMON RIVER / OWYHEE RIVER
GUEST REGISTRATION**

Please take a few minutes to complete both pages of this form and return it with your signed risk agreement to O.A.R.S. Dories, Inc., PO Box 67, Angels Camp, CA 95222-0067 *as soon as possible* to ensure that we provide you with the best vacation possible. You may fax the forms to us at 209-736-2902, *but we must have the original copy of your release mailed to our office for our files.*

Name _____ Tour Code _____ Booking # _____

Home phone _____ Work phone _____ Cell phone _____ E-mail _____

Address _____ City _____ State _____ ZIP _____

Birth date _____ Age _____ Height _____ Weight _____ Gender _____
(needed to fit your personal flotation device)

We reserve the right not to accept passengers weighing more than 260 pounds or with a waist/chest size exceeding 56 inches. If you exceed these requirements, please give us a call.

Emergency Contact _____ Phone _____ Cell phone _____
(Please DO NOT list yourself or someone on the trip)

MEDICAL/DIETARY INFORMATION: Please be specific.

Yes	No	Are you currently experiencing or have you ever had any of the following? If yes, please explain.
		Heart problems/attacks:
		Chest pain/pressure:
		Frequent shortness of breath:
		Frequent dizziness:
		Frequent fainting:
		High blood pressure:
		Depression/anxiety:
		Smoker:
		Hepatitis:
		Seizures:
		Overweight:
		Currently pregnant:
		Asthma/respiratory problems:
		Diabetes/blood sugar problems:
		Recurrent/frequent headaches:
		Ulcer/stomach problems:
		Urinary tract problems:
		Muscular-skeletal problems:
		Major hospitalization/surgery (within the last year):
		Allergies: Bee stings and other severe allergic reactions (If you are prone to anaphylactic shock, please bring an epi kit. We do not carry them.)
		Other:

If you checked **yes** to any of the above, you may be required to provide us with a note from your doctor clearing you for this trip. We appreciate your cooperation in this matter.

DIETARY RESTRICTIONS:* Please list dietary restrictions or allergies that may require additional planning.
Vegetarians: please specify no red meat, poultry, fish, dairy, eggs, or vegan.

SPECIAL OCCASIONS:* (Birthday, anniversary, etc) _____

To honor your requests, we must have this information in our office 30 days before your trip. If you are booking within this time period, please make sure you've discussed any special requests with our office. We will do our best to accommodate your dietary requirements, but *unusual requests may result in an additional charge.

BOAT PREFERENCE: We bring a variety of boats on our trips and encourage you to try them all. Please check your strongest interests and any comments you have. What we bring on each departure is based upon water conditions, number of guests, and individual requests. **We are not able to reserve, assign, or guarantee boats, which are shared among the group.** If you have questions regarding the boats we bring along on the trips, please call. Our adventure consultants will be happy to help you. Your trip planner includes information describing the selection of boats likely to be on your trip.

Oar raft (rowed by guide, carrying 4 guests) _____ Inflatable kayak (1-2 guests, self-guided) _____
Dory (hard-hulled boat rowed by guide, carrying 4 guests) _____ Paddle raft (paddled by guide and 6 guests) _____
Stand Up Paddleboard (Lower Salmon River only, 1 guest self-guided) _____

Comments on boat preference: _____

Boating experience, especially previous paddling: _____

Please note if you are particularly interested in hiking and/or fishing: _____

EQUIPMENT: We supply a professionally laundered sleeping bag with liner, a pillow with freshly laundered pillowcase, sleeping pad, ground tarp as well as a shared, two-person tent. The complete customized sleep kit that we provide is designed for your comfort and ***also maximizes available luggage space on the rafts.***

Single tent supplement (\$30 plus tax): _____ (please indicate if you require a sole-occupancy tent)

PAYMENT DETAILS:

- Please put through my credit card for final payment now. Please charge my credit card for \$ _____
- Please charge my credit card for my tent supplement. Please put through my credit card for final payment automatically 60 days prior to the trip.

Credit card number _____ Expiration date _____

Name on credit card _____ American Express 4-digit code on front of card _____

TRAVEL INFORMATION: The Hells Canyon of the Snake River and Lower Salmon River trips meet and end in Lewiston, Idaho. The Owyhee River trip meets and ends in Boise, Idaho.

I will be arriving in Lewiston / Boise by _____ on Date _____ Time _____
(Airline and flight number, auto, other)

The night before the trip I will be staying at _____ Date _____
(motel/town)

Please complete both pages (2 of 2)