



CANYONLANDS GUEST REGISTRATION

Please take a few moments to complete these forms and return to: O.A.R.S. Canyonlands, Inc., PO Box 67, Angels Camp, CA 95222 as soon as possible. This will ensure that we provide to you the best possible vacation. You may fax the forms (209-736-2902), but we still must have the original copy of your signed Acknowledgement of Risk in our office prior to trip departure.

Name _____ Trip Code _____ Booking # _____

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

Address _____ City _____ State _____ ZIP _____

Birth date ____/____/____ Age _____ Height _____ Weight _____ (needed to fit your PFD*) Gender _____

NOTE: We reserve the right not to accept passengers weighing in excess of 260 pounds, or with a waist/chest size exceeding 56 inches due to the size limitations of personal flotation devices*. If you exceed these requirements, please give us a call.

Emergency Contact _____ Phone _____ Cell Phone _____

Medical and Dietary Information Please be specific.

YES	NO	ARE YOU CURRENTLY EXPERIENCING OR HAVE YOU EVER HAD ANY OF THE FOLLOWING? IF YES, 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 (If you are prone to anaphylactic shock, please bring a bee sting 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.

List any dietary restrictions or allergies that may require additional planning _____

Special Occasion during the trip (Birthday or anniversary)? _____

PLEASE NOTE: In order 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.

Specific concerns or expectations: _____

PADDLE INTEREST (4-day trip only): If you're booked on a 4-day trip, we will use a motorized snout raft to cover the first 50 miles of flat water. After the confluence with the Green River, we will make paddle rafts available for hands-on participation in running the rapids of Cataract Canyon (water levels permitting). Using the options below, please indicate your boat preference for the whitewater section:

_____ Paddle raft – Paddled by guide & 4 - 8 guests

_____ Motorized Snout (J-Rig)

TRAVEL INFORMATION

I will be arriving in Moab by: Car _____ Shuttle _____ Air _____

I will be staying at: _____

Car Shuttle: You can arrange to have your vehicle shuttled from Moab to Hite Marina take-out by Road Runner Shuttle (435-459-9402). Please check if you are planning to use this option instead of the return flight to Moab. _____

EQUIPMENT RENTALS

Two-person shared tents are included in the cost of your trip; sleep kits and supplements for your own tent are not. Please confirm your needs below.

TENT (2-person): Please provide ____ I'll bring my own ____ Tent supplement (\$30) ____

SLEEP KIT: Please provide ____ I'll bring my own ____
(\$40 - Includes bag, liner, pad, pillow & ground cloth)

Please note: Sleep kits are included in Ultimate Southwest Vacation & Ranch & Raft multisport trips

PACO PAD ONLY: Please provide ____ (\$15)

**If your rental needs change, please notify us 10 days prior to trip departure.*

PURCHASE: *Belknap's Revised Waterproof Canyonlands River Guide* _____ (\$19.95)

PAYMENT METHOD for Rental Gear

Check Enclosed _____ CC # _____ / _____ / _____ / _____ Exp Date _____ Am Ex ID # _____

We accept MasterCard, Visa, American Express and Discover. Please include the 4-digit ID number for American Express (found on the front of your card).

PAYMENT METHOD for Final Balance Due

Please charge my credit card listed above for the Final Balance Due on my reservation at 60 days prior to departure date:

_____ (Please initial)