



## GATES OF LODORE / YAMPA RIVER GUEST REGISTRATION FORM

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 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 guests 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/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:

		<b>Major hospitalization/surgery (within the last year):</b>
		<b>Allergies: Bee Stings</b> (If you are prone to anaphylactic shock, please bring a bee sting kit - we do not carry them)
		<b>Other:</b>

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.

**TRAVEL INFORMATION:**

I will be arriving in Vernal by: Car \_\_\_\_\_ Shuttle \_\_\_\_\_ Air \_\_\_\_\_

I will be staying at: \_\_\_\_\_

**BOAT INTEREST:** Please indicate your boat interests below. We will bring boats based upon numbers of guests, water conditions and interest, but we are not able to reserve, assign or guarantee type of boats, which are shared among the group. If you have questions regarding the boats we bring along, please call - our Adventure Consultants will be happy to help you.

\_\_\_\_\_ **Oar raft** – Rowed by the guide, carrying 4 guests.

\_\_\_\_\_ **Paddle raft** – Paddled by guide & 6 guests.

\_\_\_\_\_ **Inflatable kayak** – 1 – 2 guests, self guided.

**SPECIFIC CONCERNS OR EXPECTATIONS:** \_\_\_\_\_

**EQUIPMENT RENTALS\*:**

TENT (2-person)      Please provide \_\_\_\_\_ (Included)      Tent Supplement \_\_\_\_\_ (\$30)      I'll bring my own \_\_\_\_\_

SLEEP KIT      Please Provide \_\_\_\_\_ (\$40)      I'll bring my own \_\_\_\_\_  
(Includes bag, liner, ground cloth, pad, & pillow)

PACO PAD ONLY      Please Provide \_\_\_\_\_ (\$15)

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

**PURCHASE:** *Belknap's Revised Waterproof Dinosaur 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)