

ROGUE 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. West, 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.

EQUIPMENT: We supply a two-person tent for you on the Rogue River. Those traveling alone may be paired with another solo traveler of the same gender. If you do not wish to share a tent and would like to guarantee your own, you may pay the single tent supplement or bring your own. Sleep kits are not included. You may either rent one or bring your own. Sleep kit rentals include: sleeping bag, sleeping pad, ground tarp, sheet, pillow and pillowcase. **Please mark you choices below.**

I plan to share the supplied double-occupancy tent: _____ I will bring my own tent: _____
Single tent supplement (\$30): _____ (sole-occupancy tent)

I would like to rent a sleep kit (\$40 each): _____ I will bring my own sleep kit: _____
I will bring my own sleeping bag, but would like to rent a sleeping pad (\$15 each): _____

I would like to purchase a Rogue River Guide (\$8 each): _____

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 rental equipment/river guide purchase, marked above.

___ Please put through my credit card for final payment, automatically, on the date due 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 night before the trip I will be staying at _____ Date _____
(motel/town)

If you plan to visit the Oregon coast following your rafting trip, we highly recommend having your car shuttled to the take-out at Foster Bar, Oregon. For car shuttles please contact Galice Shuttle Service: 541-476-3818 or Affordable Shuttles: 866-484-4467. **Please note:** if you plan to have your car shuttled to the take-out, you will require two sets of car keys.

I have made arrangements to have my car shuttled with: _____ Date _____
(shuttle company) (last day of your trip)

I will NOT be visiting the coast nor having my car shuttled: _____ (We will return you to the meeting place. You should arrive back by approximately 6:00 PM.)