

## R.O.A.M. GUEST REGISTRATION

Please take a few minutes to complete both sides of this form and return it with your signed risk agreement to R.O.A.M., Inc, PO Box 1111, Angels Camp, CA 95222 *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.*

Legal Name \_\_\_\_\_ Tour Code \_\_\_\_\_ Booking # \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

Passport number \_\_\_\_\_ Expiration date \_\_\_\_\_ Country \_\_\_\_\_

***\*Please send a photocopy of your passport and proof of medical evacuation insurance\****

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. You may be required to provide a note from your doctor clearing you for this trip.
		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 ( <b>If you are prone to anaphylactic shock, please bring a bee sting kit. We do not carry them.</b> )
		Other:

**Please complete the back page.**

**DIETARY RESTRICTIONS:**\* Please list dietary restrictions or allergies that may require additional planning.

\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL OCCASIONS\*** (Birthday, anniversary) \_\_\_\_\_

**\*To honor your requests, we must have this information in our office 60 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.***

**SLEEPING ARRANGEMENTS:**

Double occupancy, sharing room/tent with \_\_\_\_\_.

\_\_\_\_\_ Single tent supplement (\$30 plus tax; camping trips)

\_\_\_\_\_ Single supplement (If you are traveling alone, otherwise please call; lodge trips)

**PAYMENT DETAILS for Final Balance and Rental Gear:**

Please charge my credit card for final payment now.

Please charge my credit card for \$\_\_\_\_\_

Please charge my credit card for final payment, automatically 120 days prior to the trip.

Name on credit card \_\_\_\_\_

Credit card number \_\_\_\_\_ Expiration date \_\_\_\_\_ AMEX ID # \_\_\_\_\_

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

**WHAT ARE YOUR EXPECTATIONS FOR YOUR TRIP? FEARS OR CONCERNS?**

\_\_\_\_\_

In addition, please note if you are particularly interested in hiking and/or fishing. \_\_\_\_\_

Boating experience, especially previous paddling: \_\_\_\_\_

\_\_\_\_\_

**TRAVEL INFORMATION:**

I will be flying \_\_\_\_\_ / driving \_\_\_\_\_

Arrival city \_\_\_\_\_ Carrier \_\_\_\_\_ Date \_\_\_\_\_ Flight number \_\_\_\_\_ Time \_\_\_\_\_

Pretrip hotel/motel \_\_\_\_\_ City \_\_\_\_\_

Departure city \_\_\_\_\_ Carrier \_\_\_\_\_ Date \_\_\_\_\_ Flight number \_\_\_\_\_ Time \_\_\_\_\_

Post-trip hotel/motel \_\_\_\_\_

***\*Please send a copy of your flight itinerary via email or with your forms***