



San Juan River Guest Registration

Please take a moment to complete both sides of this form and return it with your signed risk agreement to: O.A.R.S. Canyonlands, Inc. PO Box 67, Angels Camp, CA 95222, as soon as possible. This information will help us plan for your trip. You may fax the forms (209-736-2902) but we must have the original copy of your signed Risk Agreement in our office prior to trip departure.

Name _____ Tour Code _____ Booking # _____

Phone (Hm) _____ (Wk) _____ (Cell) _____ 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:

PLEASE COMPLETE BOTH SIDES

		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 require additional planning. Vegetarians: specify no red meat, poultry, fish, dairy, eggs, or vegan: _____

Special occasion taking place during your trip (birthday or anniversary)? _____

PLEASE NOTE: In order 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.

What are your expectations for your trip? Specific fears or concerns? _____

TRAVEL INFORMATION:

I will arrive in Bluff by: Car _____ Shuttle _____ I will stay at: _____

EQUIPMENT RENTALS: Two-person tents are included in the cost of your trip; sleep kits are not. Please confirm your needs:

TENT (2-person shared included): Please provide ____ I'll bring my own ____ Tent supplement ____ (\$30)
 SLEEP KIT: Please provide ____ (\$40) I'll bring my own ____
 (Includes bag, liner, ground cloth, Paco sleeping pad, & pillow)
 PACO PAD ONLY: Please provide ____ (\$15)

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

PURCHASE: San Juan River Guide: Sand Island to Clay Hills Crossing ____ (\$17.95)

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

PAYMENT DETAILS

__ Please charge my credit card for final payment automatically when due

Credit card number _____ Exp date _____
 Name on credit card _____ American Express 4-digit code on front of card _____
 Check Enclosed _____