

# ADVENTURES

INTERNATIONAL INC.

## PRE-DEPARTURE Application and QUESTIONNAIRE

TRIP NAME:

TRIP DATE:

### PERSONAL INFORMATION

FULL NAME:

OCCUPATION:

ADDRESS:

CITY:

STATE:

ZIP:

HOME PHONE:

WORK PHONE:

FAX:

E-MAIL:

PASSPORT #:

COUNTRY:

PLACE AND DATE OF ISSUE:

EMERGENCY CONTACT:

PHONE:

FOOD PREFERENCES/DISLIKES?

### EXPERIENCE AND TRAINING

PREVIOUS CLIMBING EXPERIENCE:

PREVIOUS TREKKING EXPERIENCE:

GENERAL PHYSICAL CONDITION:

AGE:

APPROXIMATE WEIGHT/ HEIGHT:

PHYSICAL TRAINING FOR THIS TRIP:

### MEDICAL INFORMATION

**MEDICAL HISTORY** (things we should be aware of i.e. allergies, heart problems, diabetes, mental disorders):

MEDICATIONS:

MEDICAL INSURANCE COMPANY:

POLICY #:

We highly recommend a pre-trip physical; let your doctor know you will be doing strenuous exercise at high altitude!

### AIRLINE INFORMATION PLEASE FAX OR SEND A COPY OF YOUR ITINERARY!

ARRIVAL AIRLINE:

FROM:

FLIGHT #:

DATE:

TIME:

DEPARTURE AIRLINE:

FROM:

FLIGHT #:

DATE:

TIME:

### ADDITIONAL INFORMATION

PLEASE SEND AN ADDITIONAL BROCHURE TO:

HAVE YOU SENT A DEPOSIT OR FINAL PAYMENT, READ ALL POLICIES, EQUIPMENT LISTS AND PRE-DEPARTURE INFORMATION?

**PLEASE FILL OUT IN FULL AND RETURN WITH LIABILITY RELEASE!**

Adventures Intl., PO Box 1006, Hood River, OR 97031

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