

L'Esprit des Montages/The Spirit of the Mountains Registration Form

Name of tour:

Date of tour:

Personal Information

Name:

Address:

Phone: home: work: cell:

E-mail:

Passport number, country of issue & expiration date:

Country of Citizenship:

Age: Sex: Occupation:

Why are you interested in this trip?

Hiking level (beginner, intermediate, advanced):

Hiking intensity: How many miles do you cover in an hour on an average with a pack? How comfortable are you with elevation gain/loss?

Hiking & backpacking background:

Other current sports/activities:

International travel experience & foreign languages spoken:

Other recent activity trips:

Medical information

In the event of an accident, please notify:

Phone:

Address:

Relationship:

Medical insurance

You must have proof of current medical insurance coverage as indicated below. Please bring your insurance card and documentation with you on the trip. In addition it is strongly suggested you have additional short term travel insurance which includes trip cancellation, medical and evacuation insurance.

Company name:

Policy number:

Phone number:

Current medical issues:

Past medical issues:

Medications:

Do you wear prescription glasses or contacts:

If so, it is recommended to bring a spare set and wear glasses that are appropriate for sport activities.

I plan on purchasing additional medical insurance:

I plan on purchasing evacuation insurance:

I plan on purchasing trip cancellation insurance:

Do you want a private room or are you willing to share a room?

Do you snore? Are you willing to room with a person who snores?

Signed:

Dated:

Please register me for:

Fees:

\$ 995	due upon registration*	see agreement form
\$1,000	due January 1, 2011	
\$1,000	due April 1, 2011	

* Fees are subject to changes in the Euro/dollar exchange rate

My check for \$ made out to Intentional Vacations, LLC
is included with the registration.

Date

I'Esprit des Montages/The Spirit of the Mountains
A subsidiary of Intentional Vacations, LLC

Bend, OR.

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