

# **Trip Application**



Please complete this form for each participant and forward it with your deposit to Shadow Lake Expeditions at the address on the bottom of the page. Please see our *Trip Terms & Conditions* for additional information on booking, deposits, cancellations, and other conditions.

***PARTICIPANT:***

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Address (Street, Box #, Town, Province/State, Country) \_\_\_\_\_  
Postal/Zip Code

\_\_\_\_\_  
Telephone # (home)      \_\_\_\_\_  
Telephone # (work)      \_\_\_\_\_  
Fax #

\_\_\_\_\_  
E-mail

***TRIP:***

\_\_\_\_\_  
Route/Location

\_\_\_\_\_  
Departure Date      \_\_\_\_\_  
Return Date

***THE FINE PRINT:***

◆ **BOOKING**

We do not overbook our trips, so reservations are taken in the order that deposits are received. You will be promptly notified if the trip you are applying for is full, and your deposit cheque will be returned.

◆ **LEGALITIES**

Please review the ***Trip Terms and Conditions***.

Your Joining Package will include a *Release of Claims, Waiver of Liability and Assumption of Risks* form. Submittal of this form with your next payment is a condition of participating in the trip.

If children under the age of nineteen are participants, a parent or guardian is required to sign the release form on their behalf.

In cases where parents are separated, we strongly urge that the consent of both parents be obtained for a child's participation on the trip.

◆ **MEDICAL**

The Joining Package contains a *Medical Reminders* form. We respect your privacy, but to aid in trip planning and for your safety, we request that you advise us as far in advance as possible of any health concerns that may affect participation.

Health issues may include diet, allergies, asthma, inadequately controlled chronic conditions, or conditions requiring supervision by a doctor. If you have any concerns we should be aware of immediately, please note them below, or call us. We would also be pleased to discuss trip activities with your medical professional, if you wish.

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

# Trip Application



## ◆ HELP US OUT

What are your interests or hobbies? We may be able to bring additional equipment or books.

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What expectations do you have of this trip?

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Do you have previous experience with this type of trip?  No  Yes (please briefly describe)

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Age \_\_\_\_\_ Gender  M  F

What attracted you to this trip?

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How did you learn about this trip and Shadow Lake Expeditions?

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*I have carefully read the Trip Policies & Information and the Trip Terms & Conditions , and I want you to*

## ◆ Sign me up!

Yes, I want to go exploring!

Trip Cost: \$ \_\_\_\_\_

25% Deposit: ( \_\_\_\_\_ )

Submitted with this form as a:  cheque  money order  direct deposit or  VISA

\_\_\_\_\_  
VISA Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature

Balance Due: \$ \_\_\_\_\_  
(60 days prior to departure date)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Received by SLE \_\_\_\_\_

Date \_\_\_\_\_