



Please complete and return to:
#105 - 209 East 6th Street, North Vancouver, British Columbia, V7L 1P4

General Information

Your occupation:
Your hobbies:

Adventure Experience

Have you ever been on an outdoor adventure?
If yes, what adventure and where?
Have you ever taken any outdoor courses or clinics?
What are your expectations/goals?

Overall Health

Any health restrictions?
Current medications and purpose?
Swimming level (please circle) Beginner Intermediate Advanced
Any recent injury or operation?
If you have answer yes to any of the above questions please explain:

Outdoor Source reserves the right to refuse applicants due to health information provided.
Our trips can be strenuous at times and weather conditions demand a certain amount of physical fitness.
If we find that you should contact your physician before attending,
we will need you to fill out a medical form.

Special diet or nutritional needs?

Your age group (please circle)
20-30 30-40 40-50 50-60 60-70 70-80 over 80

Participants Name:
Trip Date and Location:
Participants Address:
Home phone:
Cell phone:

Emergency contact info

Name:
Address:
Home phone:
Email: Email:
Cell phone:

Outdoor Source For Women www.outdoorsource4women.com email: info@outdoorsource4women.com