

Which Trip? _____ Dates _____

Uncommon Adventures Participant Profile (Version 07)

We use this form to custom design a trip around your tastes and interests to the best of our ability. **Please be complete and specific** so that we may meet your needs and exceed your expectations. Some questions are flippant and fun because this is your vacation....its supposed to be fun! Not all questions apply to every trip, but they help us get to know you and build great groups. Please return this ASAP. You can print and mail if you prefer or e-mail it back to us.

Name _____ Day phone _____

Address _____ Eve phone _____

_____ Email _____

How did you hear about us?

1. How much backcountry tripping experience have you had?

Backpacking

Kayaking

Canoeing

2. Please rate your swimming ability (circle one).

None

Poor

Fair

Good

Triathlete

3. Do you have a regular exercise routine?

As in..? _____

4. Food questions...**very important!**...we love to cook and we only use good body fuel on our trips. We can handle most any type of diet request with notice, but if there are hard to find items or adult beverages you are particularly enthused about you may want to bring them.

a) Are you a vegetarian? If so, what type?

b) Please list foods that you will not eat:

c) Ah, now the good stuff...what are your favorite foods?

d) Favorite drinks? Good coffee, tea types, juices?

5. What aspect of the trip interests you most? Birds, wildlife, fishing, gaining new back-country and paddling skills? We'll try to stock a trip library to fit your interests.

6. Health information (confidential, and important for us to help keep you safe) If you answer "yes" to any of these questions, please make additional comments in the space provided at the end of this page.

a) This helps us fit your gear: Height_____ Weight_____ Age_____

b) Allergies?

c) Do you carry an Epi-pen? If so, please be sure it is current.

d) Severe asthma? If so, please be sure inhaler has plenty left.

c) Heart condition?

d) Orthopedic injuries or surgeries? Hey, we wear out our hinges the more we play!

e) Regular meds?

f) Had a recent physical?

d) Phobias (baggage claim, Mondays, heights)?

e) Health insurance company and policy number: Note: You should carry your info with you.

f) Emergency contact person_____

g) Emergency contact phone number _____

7) Arrival information: Driving? Flying?

Arrival date:_____ Airline/flight#_____

Pre-trip hotel if not on our schedule?_____

Hotel phone or your cell #_____

8)Additional comments/concerns/questions:

Thank you! If returning by US mail, please send to:

Uncommon Adventures

PO Box 254

Beulah, MI 49617