



Trip Date: _____ Time: AM or PM

Activity Chosen: (circle one)

Wenatchee – Methow – Tieton – Skykomish – Nooksack – Green – Skagit- Inflatable kayak

Participant Information

Guest Name: _____ Birth Date: _____

Address: _____

City: _____ ST: _____ Zip: _____

Home Phone #: _____ Cell phone #: _____

Gender: Male / Female

Email Address: _____

By writing your email address down you are requesting to add your name to the River Recreation Inc. E-Mail List

Emergency Contact: who to contact in the case of emergency

Name: _____ Phone#: _____

Do you have any medical conditions we should be aware of?

- No - Yes; if yes explain below:

Do you carry any Medical Insurance?

- No - Yes; if yes insurance company or provider: