



# HIGH DESERT RIVER OUTFITTERS

## Guest Questionnaire

Dear Guest,

So that we can best prepare for your rafting adventure, we ask that you provide the following information. This makes sure your trip is the best you've ever had. Thank you very much!

Group Leader \_\_\_\_\_ Trip Date: \_\_\_\_\_

### ❖ Personal Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street: \_\_\_\_\_ home phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ work phone: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ phone \_\_\_\_\_

Your age: \_\_\_\_\_ height: \_\_\_\_\_ weight: \_\_\_\_\_ shoe size:  s/m  l/xl

Are there any special occasions for your group?  Yes  No \_\_\_\_\_

Do you need assistance for travel arrangements before or after your trip?  Yes  No

### ❖ Food Preferences

What kind of dietary restrictions do you follow? \_\_\_\_\_

Do you have any specific food allergies? \_\_\_\_\_

What are your favorite food items : Meats \_\_\_\_\_ Veggies \_\_\_\_\_

Do you plan on bringing your own soda/beer/wine/liquor?  Yes  No

### ❖ Medical Information

Please list any special physical conditions that may affect your trip: \_\_\_\_\_

\_\_\_\_\_  
(asthma, diabetes, anaphylactic shock, pregnancy, recent surgery, back problems, allergies, etc.)

What medications are you currently taking? \_\_\_\_\_

Swimming ability:  below average  average  above average

Previous whitewater experience:  none  class II  class II  class IV  class V

Do you have any other questions/comments/concerns we can assist you with? \_\_\_\_\_

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

We are looking forward to sharing this adventure with you and strive to make it the best rafting trip possible. Please make sure the front and back of this form are filled out completely and returned 1 week prior to the trip launch date to accommodate all your needs. Thank you for all your assistance and we are excited to see you out on the river.