Cataract Canyon Tour West Passenger Information Form

Please fill out each section of the form (two people per page). This information is necessary for our records, is required by the National Park Service and will help us to better accommodate your needs. Thank You!

Please write Trip Date: _____

Full Legal Name_____ Phone _____
First Middle Last

FULL Address _____City_____ St_____ Zip_____
Email Address_____
Birth Date _____ (required by park service)
Gender: M or F Age_____ Weight _____Height _____T-shirt Size (Adult S--XXL) _____
In case of emergency, contact:
Name_____ Phone_____ Relationship to you:_____
Do you have any medical conditions, take any medications, have any allergies or disabilities?
If yes, please describe:

_____
_____
_____

Do you have any dietary restrictions? (Please explain: Food allergies, Vegetarian, etc. If vegetarian, please specify no dairy or no meat, or if poultry and fish are ok.) _____
_____
_____
_____

Have you ever been on a commercial rafting trip with Tour West? If yes, please list the trip (s) and the year (s).

_____

How did you hear about Tour West? Please circle one.
Internet Newspaper/Magazine Travel Agent
Friend Other

2. Name_____ Phone_____
FULL Address_____ City_____ St_____ Zip_____
Email Address_____
Birth Date: _____ (required by park service)
Please circle your gender: M or F Age_____ Weight_____ Height_____ Tshirt Size (Adult S--XXL)_____
In case of emergency, contact:
Name_____ Phone_____ Relationship to you:_____
Do you have any medical conditions, allergies or disabilities? If yes, please describe:

_____
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Do you have any dietary restrictions? (Please explain: Food allergies, Vegetarian, etc. If vegetarian, please specify no dairy or no meat, or if poultry and fish are ok.) _____
_____
_____
_____

What Have you ever been on a commercial rafting trip with Tour West? If yes, please list the trip (s) and the year (s).

_____

How did you hear about Tour West? Please circle one.
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Friend Other

Please let us know your transportation arrangements to and from Moab/Hite:

Are you spending the night before in Moab? If so please let us know where:

Is there a way we may contact you while in Moab? e.g. cell phone number:

PLEASE RETURN A.S.A.P TO
TOUR WEST P.O. BOX 333 OREM, UTAH 84059
OR FAX TO: 801-225-7979 TELEPHONE NUMBER: 800-453-9107