



Multi Sport Camping Adventures
www.travelalaskaoutdoors.com 800-320-2494 or 907-357-4020 PO Box 875649 Wasilla, Alaska 99687

Pre-Trip Questionnaire

Logistical Information

Your Name:

Trip Name and Date:

Contact Information:

<u>Full Name</u> <u>Traveling with:</u>	<u>Birth Date</u>
<u>Address</u>	<u>Cell Phone</u> (Will you have this in Alaska?)
<u>Home Phone Number</u>	<u>Alternate Phone Number</u>
<u>Emergency Contact Person</u> <u>Name</u>	<u>Relationship</u>
<u>Address</u>	<u>Phone Number</u> <u>Alternate Phone Number</u>



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What hotel are you staying at the night before the trip/ the night after?

Are you renting sleeping gear from us? Sleeping Bag (\$25) Pad (\$25) Both (\$45)

Are you interested in fishing while on your tour? River, Ocean, Stream

What optional activities are you interested in?

Do you have any special interests (photography, botany, wildlife etc...)?

Is there anything special that we can do to provide an enjoyable experience?



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Meal Planning

This information will allow us to tailor a menu more suitable to your interests. It will also save your guide time during the trip when we shop for fresh food. Our custom kitchen allows us to prepare a broad variety of meals in the field. We'll do our best to accommodate everyone. Please note: not all foods are readily available in Alaska and may not be provided.

Do you have any special dietary needs such as food allergies, low salt, low fat, low/no sugar, vegetarian etc.? Please be as specific as possible.

If you have dietary needs listed above please suggest meals and snacks that are appropriate to your diet.

List all of the foods that you just don't like or tend to stay away from.

List the foods you really enjoy.

We feature Alaskan seafood at least once on all trips, Salmon, Halibut, and/or Scallops. Please let us know if you do not care for the above.

Have any special breakfast item requests?

Do you have any special meal requests? Is it someone's birthday or anniversary?



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Emergency Information

This section is designed to assist us (and possibly other emergency personnel) in the event of an emergency. If trip participant is under the age of 18, a parent or guardian must assist in filling out this form. All fields are required.

What is your physical fitness level?

Poor, Average, Above average, Excellent

Please list previous medical conditions which may be affected by your participation on this trip.

Have you been hospitalized recently? When and why?

Do you have any heart related conditions?

Please list any medications you are taking.

Please list any food or medication allergies.



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Are you allergic to bee stings? If so you must provide your own medication and have it available throughout your trip.

Please provide any additional information that may be useful to emergency medical personnel in the event of an emergency.