

Pygmy Guides Hiker Info

Trip Date_____

Trip Destination_____ Number In Party:_____

Name_____ Age___ Height_____ Weight___ Sex___

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If more participants- please fill out another form. Thanks

Medical Conditions and Pertinant History (include allergies and Medications):_____

of vegetarians:_____ Eat Fish?_____

Hiking Experience: 1 (low)- 10 (high)_____ Physical Condition: 1 (low)-10 (high)_____

Pick-up Location:_____ Time:_____

Pick-up Address:_____

Drop-off Location:_____

Cell #_____ Home#_____

Return to-

Fax:928-833-9999

Snail Mail: PO 3175 Flagstaff, AZ 86003

Email:pygmyguides@pygmyguides.com