

Caribou Wild Mountain Tours

First Name: Last Name:

Address:

Phone: Email:

Emergency Contact: Name Phone:

Age: Gender: Weight: kg lb Height: cm ft/in

Any Medical Concerns? NO YES (please explain)

Do you regularly take any medications we should know about? NO YES (please explain)

Allergies? NO YES (details) Do you carry an Epi-Pen? NO YES

Any foods you do NOT like? NO YES (details)

Vegetarian? NO YES

Food Sensitivities? NO YES (details)

What foods do you prefer?

Note: We require our clients to bring their own snacks as they are such a personal thing and it is rare for a group to agree

Tell us about yourself...

Tell us about your horseback riding experience....

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