



CLIENT INFORMATION FORM

EACH CLIMBER MUST COMPLETE A SEPARATE CLIENT INFORMATION FORM AND LIABILITY WAIVER

CLIENT INFORMATION		
Client Name:		
Address:		
City:	State/Country:	Zip Code:
Home Phone:	Cell Phone:	
E-mail:	Date of Birth: Day: Month: Year:	
Passport Number:	Place of Issue:	
Place of Birth:	Expiration Date: Day: Month: Year:	

EMERGENCY CONTACT	
Name:	
Home Phone:	Cell Phone:
Dietary Restrictions:	
Other Important Information we should know about you:	