

# Registration

Participant Contact, Emergency Contact, Allergies/ Sensitivities, Relevant Medical Information

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\* Required

1. Name \*

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2. Participant Email \*

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3. Participant Address \*

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4. Participant Phone Number \*

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5. Emergency Contact Name \*

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6. Emergency Contact Phone Number \*

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7. Program Booked \*

*Check all that apply.*

- Katahdin Hike
- Other Mountain Hike
- Yoga Hike
- Family Hike
- Family Paddle
- Other: \_\_\_\_\_

8. Experience Level with Selected Program Activity \*

*Check all that apply.*

- Low (less than 6 months)
- Moderate (6 months - 3 years)
- High (more than 3 years)

9. Participant Allergies and/ or Relevant Medical Information

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10. Dietary Restrictions/ Food Dislikes \*

*Mark only one oval.*

None

Vegetarian

Vegan

Kosher

Nut-free

Gluten-free

Other: \_\_\_\_\_

11. I have spoken with Tori and feel prepared for our trip! \*

*Check all that apply.*

Yes

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