	International Trekking, L.L.C.	Phone: (603) 356-7013
	PO Box 494	Email: climbers@ime-usa.com
	North Conway, NH 03860	Web: www.InternationalTrekking.com

Registration Form

Please read carefully and fill out completely the liability release, confidential medical form and this application. Sign them and mail them back to us with a \$1000 deposit payable to International Trekking.

Participant Information

Name of Trip: _____ Date of Trip: _____

Name: _____ Age: _____ Gender: _____ Height: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone (home): _____ Phone (work): _____

Occupation: _____ Birthdate: _____ Birthplace: _____

Citizenship: _____ Name as it appears on your passport: _____

Passport #: _____ Country of Issue: _____


Do you currently have a health insurance policy? Yes _____ No _____

Name of company: _____ Policy #: _____

Do you have any medical conditions we should be aware of: Yes _____ No _____

If yes, please explain:

Please describe your outdoor experience. Include a list of your hiking, climbing and mountaineering accomplishments, both guided and unguided, including names of guides and schools with whom you have climbed (be specific). Use additional page if necessary:

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Emergency Contact

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone (home): _____ Phone (work): _____

Acknowledgement:

1. I have read the participant agreement, release and acknowledgement of risk, and understand its terms in full, especially cancellations, refunds and responsibility.
2. I understand that exhibiting misconduct, acting in an unsafe manner, use of illegal/recreational drugs or excessive use of alcohol during the trip, may result in my removal from the trip, and the forfeiture of payment.

Signature of Participant: _____ Date: _____