



Trip Preparation Survey

To help us best prepare for your trip, we ask that you respond to the options given below. This information is very helpful to us! Please complete one form per individual within your group.

Name: _____ Trip: Main Salmon Date: _____

Will you eat the following:

	Yes	NO
Red Meat	___	___
Pork Loin	___	___
Chicken	___	___
Fish	___	___

Drink Preferences:

Coffee: Regular	___	Decaf	___
Tea: Regular	___	Herbal	___
Sodas: Regular	___	Diet	___
Beer: Regular	___	Light	___
Wine: Red	___	White	___

Please describe any food allergies or dietary restrictions you have:

Is there a special occasion happening during the trip? Birthday? Anniversary? Let us know if you would like us to bake something special or do something to add to your trip. Remember to alert your guides at the start of the trip! We will do our best to accommodate your wishes.

Medical Information

Please alert us to any medical conditions that may effect your ability to participate in a wilderness trip. If you have a history of the following please let us know:

Heart trouble ___ Yes ___ No If yes, please explain: _____

Asthma ___ Yes ___ No If yes, please explain: _____

Diabetes ___ Yes ___ No If yes, please explain: _____

Allergies ___ Yes ___ No If yes, please explain: _____
(including to insect bites, stings, and medication)

Prescriptions ___ Yes ___ No If yes, please explain: _____

Musculoskeletal ___ Yes ___ No If yes, please explain: _____
(such as bad back, knee etc.)

Please provide additional information about any health concerns in the space below or on a separate sheet. **NOTE:** Anyone with an existing or potentially serious medical condition should consult a physician before participating on an adventure trip.

Emergency Contact

Please tell us who to contact in case of emergency. Be sure that this is not someone on the trip with you.

Name: _____ Relationship to you: _____ Phone: _____

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