



Beth Hunt & Bruce Mitford

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TRIP APPLICATION

Name _____

Address _____

Phone (Home) _____ (Work) _____

Fax _____ E-mail _____

Trip _____ Trip Price _____

Preferred Dates _____

Date of Birth _____ Height _____ Weight _____

Health and General Fitness _____

Allergies _____

Any dietary or health concerns? If yes, please specify: _____

In case of emergency, notify: _____

Please include a brief summary of your related outdoor experience (i.e. skiing, snow-shoeing, dog-sledding etc.) _____

Signature _____ Date _____