



Hiker Information

Name: _____ Gender: Male Female

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: (_____) _____ Email: _____

Type of Walkabout:

Antelope Canyon ___ Havasu Falls ___ Ultimate Walkabout ___ Other ___

Walkabout Info:

Trip Start Date: _____ Trip End Date: _____

Name on Reservation: _____

Number of People in Your Group: _____

Confidential Health Questionnaire:

Physical Condition: (Describe your weekly physical activities)

Previous Hiking Experience: (Longest hikes, hottest hikes, most extreme hikes and any easy hikes!
Tell us about yourself and your adventures!)



Any concerns that you may have:

!Very Important!

Medical Information:

Allergies: (Food, insect, medication...ALL ALLERGIES):

Past medical problems and procedures: (Last 3 years)

Occupation: _____ Date of Birth: _____ Height: _____ Weight: _____

Doctor's Name: _____ Phone: (_____) _____

Emergency Contact: _____ Relationship: _____

Phone: (_____) _____ Email: _____