



# LOST COAST ADVENTURE TOURS

## Trip Registration Form

lostcoastadventures.com (707) 382-1959 210 Wave Drive Whitethorn, CA 95589

### Trip Information

Trip date: \_\_\_\_\_

Location: LOST COAST TRAIL NORTHERN SECTION

### Personal Information

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_

\*Date of Birth \_\_\_\_\_

\*Phone Number \_\_\_\_\_ Would you like to receive texts? Y N

\*Email Address \_\_\_\_\_

Best form of contact \_\_\_\_\_ Best time to contact \_\_\_\_\_

### Billing of Address of Responsible Party

PLEASE SELECT PACAKAGE

TIER 1: BASIC  \$900 /ALL FEES INCLUDED

TIER 2: FOOD INCLUDED  \$1200 /ALL FEES INCLUDED

Name \_\_\_\_\_

Street/PO BOX \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

YOU WILL RECEIVE AN INVOICE TO YOUR EMAIL. AMOUNT DUE WILL BE TOTAL MINUS YOUR \$100 DEPOSIT

## Health Information

Fill in form below. All information provided is CONFIDENTIAL.

Weight \_\_\_\_\_ Height \_\_\_\_\_

\*Dietary Restrictions? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Only applicable if we are providing food for you

\*Allergies? \_\_\_\_\_

\*Current Medical Condition? \_\_\_\_\_

\*Current Medications? \_\_\_\_\_ If so; \*Medication kept cold? Y N

\*Blood Thinners? Y N

\*Insulin? Y N

Other notes for your guide:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_