

Trip Registration Form

Please fill out all information below in order for HWWA staff and volunteers to provide you with the safest and most enjoyable environment possible for you on your trip. **Note: All information is confidential.** Return your Medical Form, Trip Registration Form, Release of Liability, and Payment to Healing Waters by dropping it off, mailing, e-mailing, or faxing.

PART ONE: PERSONAL DATA

Name: _____ Guardian (if under 18): _____ Gender: _____ Date of Birth: _____ Email: _____ Address: _____ City: _____ State: _____ Zip: _____ Cell Phone: _____ Secondary Phone: _____ Group Name (if applicable): _____	Ethnic Background (optional) <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American/Indian <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Mix <input type="checkbox"/> Other
	How Did You Hear About Us? <input type="checkbox"/> Friend <input type="checkbox"/> Internet <input type="checkbox"/> Case Manager <input type="checkbox"/> Flyer <input type="checkbox"/> Other: _____

PART TWO: TRIP REGISTRATION

Registering for the Following Trip: <input type="checkbox"/> 1-Day Raft Trip <input type="checkbox"/> 1-Day Canoe Trip <input type="checkbox"/> 1-Day Sea Kayak Trip <input type="checkbox"/> 2-Day Raft Trip <input type="checkbox"/> 2-Day Sea Kayak Trip <input type="checkbox"/> Overnight Winter Cabin Trip	Preferred Trip Dates: Please list in order of preference #1 _____ #2 _____ Schedule at www.hwaters.org	Dietary Restrictions: <input type="checkbox"/> Vegan <input type="checkbox"/> Vegetarian List ALL Diet Restrictions and Allergies: _____ _____
Sleeping Accommodations Camping Trips: <input type="checkbox"/> I can share a tent <input type="checkbox"/> I need a single tent Cabin Trips: <input type="checkbox"/> I can share a bed <input type="checkbox"/> I can sleep on a couch <input type="checkbox"/> I'm okay on the floor	Camping Gear I Need HWWA To Provide the Following: <input type="checkbox"/> Sleeping Mat <input type="checkbox"/> Sleeping Bag (with liner) <input type="checkbox"/> I Will Bring My Own Camping Gear	

PART THREE: TRANSPORTATION

HWWA is committed to providing transportation to folks who need it. Please let us know if you need a ride or are driving on your own. We will be happy to facilitate carpools.

<input type="checkbox"/> I Need A Ride. Please Pick Me Up At: <input type="checkbox"/> San Francisco - 167 Fell St <input type="checkbox"/> Del Norte BART Station <input type="checkbox"/> Sacramento - LGBT Center <input type="checkbox"/> Other	<input type="checkbox"/> I Will Drive and Have Liability Insurance. I Can Pick-Up _____ People At: <input type="checkbox"/> San Francisco - 167 Fell St <input type="checkbox"/> Del Norte BART Station <input type="checkbox"/> Sacramento - LGBT Center <input type="checkbox"/> Other
--	---

PART FOUR: PAYMENT

Please Return Your Completed Trip Registration Form, Medical Form, Release of Liability, and Trip Payment to HWWA at Least Two Weeks Before Your Trip. Please Indicate Your Method of Payment	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> PayPal – PayPal@hwaters.org
--	-------------------------------	--------------------------------	--

For Office Use Only	Personal Pref		Medical Form		Waiver		Completed Application Date	
---------------------	---------------	--	--------------	--	--------	--	----------------------------	--