



Valhalla Adventures Event Registration Form

Event Name: _____

Guest's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Sex: Male ___ Female ___

Emergency Contact:

Name: _____

Phone: _____ Relationship: _____

Do you have any medical conditions? Yes ___ No ___

If so, please explain: _____

Do you have allergies? Yes ___ No ___

If so, please explain: _____

Are you taking medication? Yes ___ No ___

If so, please explain: _____

Do you have any dietary restrictions? Yes ___ No ___

If so, please explain: _____

Do you carry any medical insurance? Yes ___ No ___

If so, please provide the following insurance information:

Insurance Provider: _____

Policy Holder: _____ Relation to Self: _____

Describe your current physical fitness level of activity: _____

Equipment Valhalla Adventures, L.L.C., needs to supply:

___ Skis

___ Shovel

___ Probe

___ Transceiver (strongly advised to bring and understand your own)

Payment Terms:

Day Trips – 25% with booking; Full payment due 10 days prior to trip date
Cruises and classes–25% with booking – Full payment due 30days prior to trip date
Locals and women's days – pay in full at booking

Method of Payment:

Check (enclosed with this form)

Credit Card (information provided below)

Credit Card Number:_____

Credit Card Expiration Date:_____

Name on Credit Card:_____

Signature:_____

I certify that the above information is accurate and true to the best of my knowledge.

Print Name:_____ Signature_____