



Healing Waters Wilderness Adventures

Personal Data Form

CONFIDENTIAL

Return to: Healing Waters Wilderness Adventures 167 Fell St. San Francisco, CA 94102

Instructions: Healing Waters Wilderness Adventures is gathering this information in order to provide you with the safest and most enjoyable environment possible for you on your trip. **Please complete and return this personal data/preferences form with your completed medical form, waiver, trip fee and deposit.**

PART I: Personal Data

Name: _____ Gender: _____ Date of Birth: _____

Guardian (if under 18): _____

Email(s): _____

Address: _____ City/State/Zip: _____

Primary Phone: _____ Type: _____

Secondary Phone: _____ Type: _____

Ethnic Background (optional):

- Asian
- Hispanic/Latino
- White/Caucasian
- Black/African American
- Native American/Indian
- Mix
- Other

How did you hear about us?

- Friend
- Internet
- Other _____
- Case manager
- Flyer

PART II: Preferences

1. Preferred trip dates: #1 _____, #2 _____

Please list in order of preference. It is extremely important that you keep **both** dates free until you hear from us. Please mark the dates in your calendar. See www.hwaters.org for schedule.

2. I have the following dietary restrictions (if allergic, please specify):

3. Healing Waters Wilderness Adventures has a *very limited number* of one-person tents. We reserve the use of these tents for people who snore, or who feel very strongly that they need their privacy for other reasons. Otherwise, we typically put 2 people in a tent designed for 3 people, or an equivalent arrangement. Do you require your own tent for this trip?

- I can share a tent I need a single tent

4. Healing Waters Wilderness Adventures is committed to providing transportation to folks who **need** it. Others are encouraged to drive their own vehicles and meet us at the trip destination. Please let us know if you are unable to drive. *We will help to facilitate carpools and contact you if we need your help.*

I have a car, and a clean driving record. I have room in my car for _____ people. I can pick up folks in (pick one):

- San Francisco
- Berkeley
- West Sacramento

- I will need a ride! I prefer to be picked up in San Francisco
 I prefer to be picked up in Berkeley
 I prefer to be picked up in West Sacramento

6. Please enclose your trip fee at this time.

FOR OFFICE USE ONLY

Personal pref:	Medical Form:	Waiver:	Complete Application Date:
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