

**Dvorak's Trip Questionnaire (Individual or Group)**

BOOKED PARTY NAME \_\_\_\_\_

TRIP # \_\_\_\_\_ TRIP DATE \_\_\_\_\_

RIVER: \_\_\_\_\_ CANYON \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

Phone(s) \_\_\_\_\_ cell \_\_\_\_\_

**Please list individual PASSENGERS on the back of this form**

*We request that you fill out and return email or post at least 15 days prior to your trip the enclosed: \*Online Waiver / Release (1 each person) \*Passenger List, \*Questionnaire and \*Rentals reserved.. Your information will help us organize and enhance the enjoyment of your trip. Thank you.*

**PARTY NUMBERS:**

Adults \_\_\_\_\_ Youths: 12yr. and under \_\_\_\_\_

Paddle Boat: \_\_\_\_\_ (Participating Paddler)

Oar Boat: \_\_\_\_\_ (Passengers with Guide)

\*Have you or anyone with you ever been on a river trip before? \_\_\_\_\_

\*Do you have a request for a particular guide? \_\_\_\_\_

\*Your past river experiences? \_\_\_\_\_

Please note here any **medical or physical concerns** we need to be aware of for a safe, enjoyable river trip. \_\_\_\_\_

\_\_\_\_\_

\*Do you have any dietary requests / allergies? \_\_\_\_\_

\_\_\_\_\_

**Rentals:** please check your requirements on the attached rental list, giving sizes for wetsuits/boots.

**Please confirm** your travel / lodging and shuttle plans:

Date : \_\_\_\_\_

Meeting Location: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_

Arranged Accommodations or Camping:

Pre-trip \_\_\_\_\_

Post Trip \_\_\_\_\_

**Vehicle Shuttle or Transportation Arrangements:** (Multi-day trips)

Pre-trip \_\_\_\_\_

Post-trip \_\_\_\_\_

Vehicle: Make \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

(Contact us if we will be arranging a shuttle for you; additional cost may apply.)

**TRAVEL INSURANCE FOR LOSS /DAMAGE / CANCELLATION / IS A GOOD IDEA!!!**

THANK YOU FOR TAKING THE TIME TO FILL THIS OUT. WE LOOK FORWARD TO SEEING YOU ALL ON THE RIVER!

**DVORAK EXPEDITIONS: 17921 US Hwy. 285, Nathrop, CO 81236**

**(719) 539-6851 worldwide or (800) 824-3795 toll free**

**Email: [info@dvorakexpeditions.com](mailto:info@dvorakexpeditions.com)**

**PASSENGER LIST: NAME / ADDRESS/ PHONE/ EMAIL**  
**Plus, Additional Information (i.e., Medical allergies, height/weight/shoe size)**

#1 _____	#2 _____
Address _____	Address _____
Phone: _____	Phone: _____
Age: _____ Email _____	Age: _____ Email _____
Ht. _____ Wt. _____ Shoe _____	Ht. _____ Wt. _____ Shoe _____
#3 _____	#4 _____
Address _____	Address _____
Phone: _____	Phone: _____
Age: _____ Email _____	Age: _____ Email _____
Ht. _____ Wt. _____ Shoe _____	Ht. _____ Wt. _____ Shoe _____
#5 _____	#6 _____
Address _____	Address _____
Phone: _____	Phone: _____
Age: _____ Email _____	Age: _____ Email _____
Ht. _____ Wt. _____ Shoe _____	Ht. _____ Wt. _____ Shoe _____
#7 _____	#8 _____
Address _____	Address _____
Phone _____	Phone _____
Age: _____ Email _____	Age: _____ Email _____
Ht. _____ Wt. _____ Shoe _____	Ht. _____ Wt. _____ Shoe _____
#9 _____	#10 _____
Address _____	Address _____
Phone: _____	Phone: _____
Age: _____ Email _____	Age: _____ Email _____
Ht. _____ Wt. _____ Shoe _____	Ht. _____ Wt. _____ Shoe _____

Please use separate sheet of paper if you need additional space.

- \_\_\_\_\_ Questionnaire returned with passenger list
- \_\_\_\_\_ Waiver / Release Forms (1 each person regardless of age) returned
- \_\_\_\_\_ Rental, camping gear requests confirmed
- \_\_\_\_\_ Meeting arrangements and/or vehicle shuttle form
- \_\_\_\_\_ Travel Insurance reviewed
- \_\_\_\_\_ Pre & Post accommodation confirmed
- \_\_\_\_\_ Special requests confirmed.

**FINAL CHECK!**