Guest Questionnaire 2002

Dear Guest,
To better serve you on your vacation we ask that you complete the following questionnaire. Please be honest when answering the questions, our service to you and safety is based on these questionnaires. Pangaea Adventures does not and will not discriminate. The questions following are used to help us understand our guests' needs. Feel free to write any other comments on the reverse side.

Tour Name:_____ **Tour Date:**_____
Name:_____ ☐ Male ☐ Female ☐ (☐ Single ☐ Married … Optional)
Address:_____ **City:**_____ **State**_____
Zip_____
Date of Birth:___/___/_____ **Height:**_____ **Weight:**_____ **Foot Size:**_____ **W / M**
Occupation:_____

Emergency Contact Person: Name:_____Relationship:_____
Address:_____
Telephone: ( ) _____

Previous Kayaking / Backpacking experience:

Previous Pangaea Adventures?

Physical Condition ☐ Excellent ☐ Good ☐ Fair ☐ Poor
Describe Regular Physical Activity:

Physical Limitations or Medical Conditions: This is the most important question to answer. Please list injuries, medical needs, allergies, and back problems, sea sickness, etc… We can work around limitations if we know them. This will also help the safety of you and the group.
☐ Diabetic ☐ Shoulder Injuries / Arm Pain ☐ Heart Condition
☐ Back Pain ☐ Allergies:_____ ☐ Other(Please explain):

What are some activities you would like to participate in or learn about: ☐ Sea Kayaking☐ Sailing ☐ Hiking ☐ Ice Climbing ☐ Natural History ☐ Cultural History
☐ Wildlife viewing ☐ Fishing ☐ Beach Combing ☐ Geology
☐ Other?_____

What are you interested in seeing? ☐ Tidewater Glaciers ☐ Remote Bays ☐ Remote Islands
☐ Sea Lion Rookery ☐ Nesting Birds ☐ Old Gold Mines
Other:_____

Food Preferences: ☐ I'll eat anything and be happy!
Do you like... ☐ Spicy Foods ☐ plain foods ☐ low fat foods ☐ heavy creamy foods?
☐ Vegetarian ☐ Fish o.k. ☐ Chicken o.k. ☐ Red Meat o.k. ☐ Actually lots of meat!
☐ No Dairy ☐ No Wheat ☐ Low Sodium please Do you drink coffee ☐ No / ☐ Yes Reg. or Decaf.
Please be specific on Limitations or concerns:_____
Favorite non-alcoholic beverage:(i.e. diet or regular soda, juice…)_____
Favorite Dish:_____
Least favorite Dish_____

Equipment and Gear: (optional at no extra charge)
What Equipment will you need from Pangaea: ☐ Sleeping Bag ☐ Sleeping Pad ☐ None – I am bringing my own

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