



Kodiak Treks

Client Questionnaire

Please provide the following information about your group and your interests:

- Name of booking party:
- Address:
- Email:
- Phone number:
- Email address you'll use while traveling and cell phone number:

Arrive Depart

Dates of Kodiak Treks trip:

Preferred activities (bear and wildlife viewing, hiking, kayaking, sport fishing, etc.)

Total body weight of group in pounds for air charter purposes (not including luggage):

Important note: There are some medical conditions that could impact the safety of our group in the field. Please inform us as to whether you or anyone in your group experiences or has experienced any of the five following conditions: 1) asthma, 2) a history of heart problems or heart disease, 3) allergies that can lead to anaphylaxis, 4) any type of seizure disorder, 5) diabetes

Name	Gender	Age	Height	Weight	Health concerns

Kodiak hikes are physically challenging. Please describe the general physical condition and exercise habits of each guest (bi-weekly walks, bicycling, occasional swimming, etc.) If you are not currently physically active, please undertake an exercise routine that will enable you to fully participate in Kodiak Treks group activities.

Please note special dietary requirements (vegetarian, diabetic, food allergies, etc.)

Important Note: Since we are not medical doctors, we will not inquire as to medications you may be taking. Please continue your regular regimen of any medication you take and be advised that some medicines may have altered effectiveness in varying climates and unintended side effects with new experiences. Please speak to your doctor with any questions or concerns.

Thanks for helping us prepare for your Kodiak adventure!