



FAR FLUNG OUTDOOR CENTER

*** Please complete form and mail to:
 P.O. Box 377, Terlingua, TX 79852 or Fax to: 432-371-2993

Trip Date:					Group Name:					
Family Name:					Emergency Contact:					
Address:					Address:					
Phone:			Work Phone:		Phone:			Work Phone:		
Participant Information		General			Medical Conditions		Dietary Restrictions		Notes	
Please fill in the general information for each participant. ONLY check the boxes which apply (Click to add/remove check marks). Name		Age	Height	Weight	Date of Birth	Yes	No	Yes	No	Would you please explain any medical conditions or dietary restrictions that may impact your wilderness experience?