

ALPINE EXPEDITIONS

APPLICATION FOR ANDES SURVIVORS COLORADO TRIP 2008

Please complete this application (in print) and mail to: **Alpine Expeditions, attn: Ricardo Peña , 5571 Lone Eagle Ct. Boulder, CO 80301** with a deposit of **\$1000** US DOLLARS. Make checks payable to **Alpine Expeditions** and write the name and date of the expedition on the check.

\$1250 US Dollars balance is due 90 days before departure date (see payment info sheet for more details).

Name:

Address:

Phone: (Day)

(Evening)

Email Address:

Sex:

Age:

Date of birth:

Height:

Weight:

Occupation:

Emergency contact:

Health insurance provider:

Policy number:

State of health (all applicants must divulge any or all medical conditions which may have a bearing on the success of this trip):

Dietary restrictions (if any):

Any experience hiking, camping or mountaineering?

Describe your level of fitness and fitness program if you have any:

Signature:

Date: