

ALASKA SEA ADVENTURES PRE-CRUISE PLANNER



The information you provide on this form enables us to plan and serve you better. It also helps us comply with U.S. Coast Guard requirements for ships' manifests. We require some basic medical information. All information will be kept strictly confidential unless there is an emergency. Our first priority is your safety; second is your comfort and pleasure. Please mail or fax the completed form to us. Each guest - please complete each side of this form. Thank you.

CRUISE # _____ NAME: _____ NICK NAME: _____
STREET: _____ CITY: _____ STATE: _____ COUNTRY: _____
POSTAL CODE: _____ PHONE WK:() _____ HM:() _____ CELL:() _____
EMAIL: _____ FAX:() _____
BIRTHDATE: ___/___/___ SEX: ___M___F AGE: _____ HEIGHT: _____ WEIGHT: _____ TOBACCO USE: _____
NOTIFY IN CASE OF EMERGENCY: _____ PHONE: () _____ RELATIONSHIP: _____
ALLERGIES: ___Y___N LIST: _____
DIETARY REQUIREMENTS: ___Y___N LIST: _____
CURRENT MEDICATIONS: ___Y___N LIST: _____
CHRONIC MEDICAL CONDITIONS: ___Y___N LIST: _____
ANY PHYSICAL LIMITATIONS: ___Y___N LIST: _____
SUSCEPTIBILITY TO MOTION SICKNESS: ___LOW___MED___HIGH LEVEL OF DAILY ACTIVITY: ___LOW___MED___HIGH
MEAL & BEVERAGE PREFERENCES: _____

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NAME: _____

PLEASE RATE ACTIVITY PREFERENCES ON A SCALE OF:
0-3 (0=NONE; 1=MINOR; 2=MODERATE; 3=HIGH)

<input type="checkbox"/> GLACIERS	<input type="checkbox"/> HIKING	<input type="checkbox"/> WHALE WATCHING
<input type="checkbox"/> ARCHEOLOGY	<input type="checkbox"/> ISLAND EXPLORING	<input type="checkbox"/> MARINE MAMMALS
<input type="checkbox"/> BEACH COMBING	<input type="checkbox"/> NATIVE CULTURE	<input type="checkbox"/> HOT SPRINGS
<input type="checkbox"/> BEARS	<input type="checkbox"/> NATURAL HISTORY	<input type="checkbox"/> SALTWATER FISHING
<input type="checkbox"/> BIRD WATCHING	<input type="checkbox"/> PHOTOGRAPHY	<input type="checkbox"/> STREAM FISHING
<input type="checkbox"/> EAGLES	<input type="checkbox"/> SEA LIONS	

SEA KAYAKING *Present skill level?* _____

FLIGHT SEEING *(Highly recommended! Air charter approx. \$190/ per person - 1 hour flight)*

OTHER _____

NAME: _____

PLEASE RATE ACTIVITY PREFERENCES ON A SCALE OF:
0-3 (0=NONE; 1=MINOR; 2=MODERATE; 3=HIGH)

<input type="checkbox"/> GLACIERS	<input type="checkbox"/> HIKING	<input type="checkbox"/> WHALE WATCHING
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Are there any special events, birthdays or anniversaries during this trip?
