



## **PERSONAL INFORMATION FORM**

*Email or fax back to 905-737-1522*  
[www.dogpaddlingadventures.com](http://www.dogpaddlingadventures.com) / 905-237-DOGS

Name (s): \_\_\_\_\_

Trip: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

License Plate #: \_\_\_\_\_

*(needed for parking permits if driving to meeting spot for canoe trips only)*

Emergency Contact Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Health Card #(s): \_\_\_\_\_

Medical concerns or history: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Dietary Needs: \_\_\_\_\_

Paddling Experience (for canoe trips only) : *Please indicate which most reflects your experience. (please note no experience is necessary for our trips)*

Beginner (1<sup>st</sup> time or very limited )  Intermediate (occasionally)  Advanced (been on a trip / can stern boat)  Experienced (several times paddling comfortable steering etc)

Additional Information: \_\_\_\_\_

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