

**Expedition Inspiration  
Climbing Application Form  
Summer Inspiration Climb 2011**

Applicant's name \_\_\_\_\_

Mailing / Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Date of Birth \_\_\_\_\_

Dietary Considerations  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe your health? \_\_\_\_\_

I am a cancer survivor Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, briefly describe your diagnosis, dates and type of treatment  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your outdoor background (hiking, skiing, biking, climbing, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your interest in being a part of this Expedition Inspiration Summer Climb  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please include personal bio)

In case of emergency, please notify: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relation \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(if participant is under 18, the Parent or Legal Guardian must sign)

Phone: 208 726-6456 Fax: 208 725-2091

**ei@expeditioninspiration.org (email)**

**www.expeditioninspiration.org**