

**Expedition Inspiration
Climbing Application Form**

I am applying for the _____ **SAWTOOH ADVENTURE 09** _____ Climb

Applicant's name _____

Mailing / Street Address _____

City _____ State _____ Zip _____

Phone (H) _____ (C) _____ (W) _____

Fax _____ E-Mail _____

Age _____ Sex _____ Height _____ Weight _____

Date of Birth _____ Place 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 Sawtooth Adventure _____

(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
ei@expeditioninspiration.org

Fax: 208 725-2091
www.expeditioninspiration.org