

**Expedition Inspiration  
Climbing Application Form**

I am applying for the \_\_\_\_\_ **SAWTOOH ADVENTURE 2010** \_\_\_\_\_ 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**