

DAY HIKING, BACKPACKING, AND BICYCLING STAFF REGISTRATION FORM

Please fill out completely for each leader/guide and mail with application.

Company Name: _____

Name: _____ Date of Birth: _____

A. Professional guiding experience:

B. Previously hiked or biked routes of proposed routes: Guides must be personally familiar with the entire length of trails used for guiding. A minimum of two trips on the guided route is required. Please include names of trails and dates hiked.

Type of First Aid Certification

First Aid Certification expiration date: _____ (attach copy of certificate)

CPR Card expiration date: _____ (attach copy of certificate)