

GUIDE REGISTRATION FORM

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

Company Name: _____

Name: _____ Date of Birth _____

A. Professional guiding experience:

B. Previously hiked or biked the proposed routes (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)