

## ALASKA DREAM VENTURES PRE-CRUISE PLANNER

The information you provide on this form enables us to plan and serve you better. It also helps us comply with U.S. Coast Guard requirements for ships' manifests. We require some basic medical information. All information will be kept strictly confidential unless there is an emergency. Our first priority is your safety; second is your comfort and pleasure. Please mail or fax the completed form to us. Each guest - please complete each side of this form. Thank you.

CRUISE # \_\_\_\_\_ NAME: \_\_\_\_\_ NICK \_\_\_\_\_

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE \_\_\_\_\_

WK:( ) \_\_\_\_\_ HM:( ) \_\_\_\_\_ CELL:( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

FAX:( ) \_\_\_\_\_

BIRTHDATE: \_\_\_/\_\_\_/\_\_\_ SEX: \_\_M\_\_F AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ TOBACCO

USE: \_\_\_\_\_

COAT SIZE: \_\_XS \_\_S \_\_M \_\_L \_\_XL \_\_XXL

BOOT SIZE \_\_\_\_\_

NOTIFY IN CASE OF EMERGENCY: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ALLERGIES: \_\_Y\_\_N LIST: \_\_\_\_\_

DIETARY REQUIREMENTS: \_\_Y\_\_N

LIST: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_Y\_\_N

LIST: \_\_\_\_\_

CHRONIC MEDICAL CONDITIONS: \_\_Y\_\_N

LIST: \_\_\_\_\_

ANY PHYSICAL LIMITATIONS: \_\_Y\_\_N

LIST: \_\_\_\_\_

SUSCEPTIBILITY TO MOTION SICKNESS: \_\_LOW\_\_MED\_\_HIGH

LEVEL OF DAILY ACTIVITY: \_\_LOW\_\_MED\_\_HIGH

# ALASKA DREAM VENTURES PRE-CRUISE PLANNER

NAME: \_\_\_\_\_

PLEASE RATE ACTIVITY PREFERENCES ON A SCALE OF: 0-3 (0=NONE; 1=MINOR;

\_\_\_\_ BEACH COMBING

\_\_\_\_ BEARS

\_\_\_\_ BIRD WATCHING

\_\_\_\_ EAGLES

\_\_\_\_ HIKING

\_\_\_\_ ISLAND EXPLORING

\_\_\_\_ NATIVE CULTURE

\_\_\_\_ NATURAL HISTORY

\_\_\_\_ PHOTOGRAPHY

\_\_\_\_ SEA LIONS

\_\_\_\_ WHALE WATCHING

\_\_\_\_ ROCKFISH FISHING

\_\_\_\_ CLAM DIGGING

\_\_\_\_ CRABBING

\_\_\_\_ HALIBUT FISHING

\_\_\_\_ SALMON FISHING

\_\_\_\_ STREAM FISHING

\_\_\_\_ SEA KAYAKING *Present skill level?* \_\_\_\_\_

\_\_\_\_ OTHER \_\_\_\_\_

Are there any special events, birthdays or anniversaries during this trip?

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