



## SWS Mountain Guides

210 East Lake St.

Mt. Shasta, Ca. 96067

mail@swsmtns.com

[www.swsmountainguides.com](http://www.swsmountainguides.com)

Phone: 888.797.6867 / Fax: 877.797.6867

### SWS Mountain Guides Adventure Trekking Application

Your application information is essential to ensure an enjoyable and safe trekking experience for you and your fellow adventurers. Don't count yourself out if you have any questions about your ability, knowledge, skills, or conditioning to join one of our adventures. Please give us a call to discuss it with you. We have programs and information to prepare you for any of our adventures. To reserve your space on the trek, book online at [www.swsmtns.com](http://www.swsmtns.com) with a \$1,000 application fee and e-mail form to: [mail@swsmtns.com](mailto:mail@swsmtns.com) or just give us a call @ 888.797.6867. If we determine that you do not have enough experience to participate in the trek we will give you a call to discuss the options available. Once you are accepted for the expedition all deposit and refund policies apply.

Adventure Trek Name and Dates: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address City State Zip

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Passport # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Passport (exactly): \_\_\_\_\_ Country: \_\_\_\_\_

Please tell us about any medical problems or conditions you have. Please use the reverse side if needed:

Do you have any sensitivity to medications, antibiotics, insects (bee stings), or foods ?  
If yes please list:

Do you have any of the following Health Problems or Conditions?

(Please circle and explain) Altitude Sickness Asthma Chronic Back Problems Knee Epilepsy Migraine

Cold or Heat Intolerance Heart Problems/ Conditions High Blood Pressure Overweight Painful Menstruation  
Other

If Yes Explain here and on the reverse:

Please explain any prescriptions you need to take while on the expedition and describe use. Please use the reverse side if needed:

\_\_\_\_\_

Have you had any recent surgery?  
If Yes Explain:

\_\_\_\_\_



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Do you have any Dental Problems?

If Yes Explain:

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What is the highest Altitude you have experienced?

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How many times have you been above 12,000 ft./3,600 meters?

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Have you had any of the following Altitude Related illnesses?

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Mountain Sickness, Pulmonary Edema, Cerebral Edema If so explain number of times and severity.

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Hiking/ Trekking/Backpacking Experience:

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Please list any previous treks or adventures you have participated in:

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Please briefly explain your current training schedule and planned training schedule for the Adventure:

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