

OFFICE USE ONLY

DATE OF HUNT:
NUMBER IN PARTY:
DEPOSIT RECEIVED:
SIGNED WAIVER:



GENERAL INFORMATION

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE NUMBER: _____
EMAIL ADDRESS: _____

HEIGHT: _____
WEIGHT: _____

HORSE ABILITY

1. HOW WOULD YOU RATE YOUR HORSEBACK RIDING ABILITY?
 BEGINNER INTERMEDIATE ADVANCED

2. PLEASE DESCRIBE YOUR LEVEL OF EXPERIENCE IN DEALING WITH HORSES.

HEALTH

1. DESCRIBE YOUR GENERAL HEALTH.
 FAIR GOOD GREAT

2. DO YOU HAVE ANY FOOD RESTRICTIONS?
 YES IF SO DESCRIBE _____
 NO _____

3. DO YOU HAVE ANY FOOD ALLERGY?
 YES IF SO DESCRIBE _____
 NO _____

4. DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD PREVENT YOU FROM HIKING, RIDING, OR WALKING ABOVE ALTITUDES 6000 TO 8000 FEET?
 YES IF SO DESCRIBE _____
 NO _____

5. DO YOU HAVE ANY FOOD PREFERENCES?
 YES IF SO DESCRIBE _____
 NO _____

ANY OTHER GENERAL INFORMATION THAT WILL HELP US MAKE YOUR HUNT WITH US MORE ENJOYABLE?

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