



**Action Whitewater Adventures of California**  
**1-888-922-8466**  
South Fork of the American River Information Sheet  
www.actionwhitewater.com

**Important:** In the event we need to contact you or one of your group members, please fill this out completely for each member in the party. The following is **vital** to planning your trip: It aids in: getting the crew together, determining life jacket size, and special dietary needs/requests, etc. Just print the page again if you have more people than will fit here.

**Please Print Clearly or Easier Yet, Just Type In the Information.**

**Trip Date:** \_\_\_\_\_ **Trip Leader/Organizer:** \_\_\_\_\_

1. **NAME:** \_\_\_\_\_ **HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **AGE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_  
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**ALTERNATE PHONE:** ( ) \_\_\_\_\_ **DIETARY/MEDICAL:** \_\_\_\_\_  
**SPECIAL EVENT/CELEBRATION:** \_\_\_\_\_

2. **NAME:** \_\_\_\_\_ **HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **AGE:** \_\_\_\_\_  
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**SPECIAL EVENT/CELEBRATION:** \_\_\_\_\_

5. **NAME:** \_\_\_\_\_ **HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **AGE:** \_\_\_\_\_  
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**ALTERNATE PHONE:** ( ) \_\_\_\_\_ **DIETARY/MEDICAL:** \_\_\_\_\_  
**SPECIAL EVENT/CELEBRATION:** \_\_\_\_\_

6. **NAME:** \_\_\_\_\_ **HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **AGE:** \_\_\_\_\_  
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**ALTERNATE PHONE:** ( ) \_\_\_\_\_ **DIETARY/MEDICAL:** \_\_\_\_\_  
**SPECIAL EVENT/CELEBRATION:** \_\_\_\_\_