



Client Information

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email: _____

Driver's License _____

Birth Date: _____ Marital Status: _____

Useful Information

You are interested in (circle all that apply): **Sailing Fishing Kayak** Do you swim? **YES NO**

Are you taking medication? If yes, please explain any side effects or concerns we need to be aware of: _____

Do you have Sailing, Fishing or Kayak experience? Explain: _____

Do you require assistance during your trip? Explain: _____

Do you feel confident in boarding watercraft from dock? If no, please explain: _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Primary Phone: _____ Relationship: _____