

24 Hour Experience Registration Form
University of the Wild
PLEASE COMPLETE AND EMAIL THIS FORM TO
Lenore@natural-vitality.com

Name	
Address	
Phone	
email	
Age	
Emergency Contact Person	Name: _____ Phone: _____

How did you hear about *The 24 Hour Experience*?

Describe your hiking and backpacking experience level? Beginner, experienced or advanced.

Do you have any allergies? _____

Are you taking any medication? _____

Do you have any personal health concerns? _____

Do you consider yourself physically and mentally capable of participating in this 24 Hour Experience hiking program? _____

Sign or type your full name.

_____ Date: _____