



1458 Zion Park Blvd.
P.O. Box 623 Springdale, UT 84767
435-772-3303
www.zionrockguides.com

Registration Form

PERSONAL INFORMATION:
Full Name _____
Street/Apt _____ Phone _____
City _____ State _____ Zip _____
Email Address _____ Age _____
Height ____ft. ____in. Weight _____lbs. Shoe Size _____ M F

COURSE/TRIP:
Dates: _____ to _____ Cost: \$ _____/person

PAYMENT METHOD:
Check:\$ _____ Money order:\$ _____ Credit Card:\$ _____
C/C# _____ Expiration Date: ____/____
Billing zip code: _____ V-code _____ Last 3 numbers in signature line)
Cardholder's name: _____
Cardholder's signature: _____

Please describe previous climbing, canyoneering, and outdoor experience:

Please tell how you heard about us:

DEPOSIT AND CANCELLATION POLICY: IMPORTANT PLEASE READ!
To secure your reservation, a 50% deposit is required and the balance due 14 days prior to the start of program. Cancellation policy: If you must cancel, for any reason, with thirty days or more prior to start of the program, you may cancel for a full refund minus a \$ 50 charge per person. With fourteen to thirty days notice, you are liable for 50% of the program and forfeit your deposit. With less than fourteen days, you are responsible for the entire cost of the program. Z.R.M.G or its guides can alter course curriculum, duration or location to deal with safety issues such as adverse weather, water levels, ice conditions, etc. There will be no refunds for course or trip changes due to safety issues.

PLEASE SIGN:
I have read the above deposit and cancellation policy, understand it and accept its terms.
Participant signature: _____ Date _____
Parent/guardian signature: _____ Date _____

PHOTOGRAPHIC MODEL RELEASE: (to use photo images for slide shows, brochures, and other advertising)

Signature: _____ Date _____