



Ascent II Trip Application Form

For Office Use Only:
 ___ Trip Dates
 ___ Contacted
 ___ Sent information letter
 ___ Registration and consent forms filed

Peak 7 Adventures
 6710 N Pittsburg St
 Spokane, WA 99217

phone: (509) 467 5550
 fax: (509) 924 3229
 www.peak7.org

DATE: ___/___/___

PARTICIPANT INFORMATION

Name: _____

First Middle Last

Address: _____

Number Street Apt. #

City State Zip

Telephone #: (____) ____ - ____ E-mail address: _____

Gender: Male ___ Female ___ Grade Completed in 2007: _____

T-shirt Size (adult size only): S ___ M ___ L ___ XL ___

Tent-mate Request (only one—no guarantees): _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

Name: _____

Home Phone: (____) ____ - ____ Business: (____) ____ - ____ ext. ____

Cell/Other Phone: (____) ____ - ____ E-mail: _____

Parent/Guardian 2

Name: _____

Home Phone: (____) ____ - ____ Business: (____) ____ - ____ ext. ____

Cell/Other Phone: (____) ____ - ____ E-mail: _____

EMERGENCY CONTACT

Please provide us with an alternative contact in the event that the parents and/or guardians listed above cannot be reached during an emergency.

Contact Name: _____

Contact Phone: (____) ____ - ____ Relation to camper: _____

