

Sunrise Pack Station Day Ride Questionnaire

The following questionnaire is for the purpose of matching the rider with the appropriate gear and horse to ensure we arrive at the trail head with everything necessary to complete our journey together as comfortably and safely as possible. Please complete one questionnaire for EACH guest and answer the questions as accurately as you can.

Contact Information:

Name: _____ Age: _____ Date: _____

Address: _____ City/ST _____ ZIP _____

Phone: (_____) _____ Alternate Phone: (_____) _____

E-Mail: _____ Date of Ride: _____

Trip / Group Leader: _____

In case of emergency, please notify: _____ **Relation to You:** _____

Phone: (_____) _____ Alternate Phone: (_____) _____

Riding information:

Height: _____ Weight: _____

Riding Experience: None ____ Some ____ Experienced ____ How many times? _____

How many miles? Under 10 ____ 10+ ____ 50+ ____ 100+ ____ 500+ ____ 1000+ ____

Would you like to have protective headgear provided for you (i.e. riding helmet)?

____ Yes ____ No If Yes, what is your head measurement? _____

Backcountry Safety information:

Are you pregnant? No ____ Yes ____ Are you Diabetic? No ____ Yes ____

Are you allergic to bee stings or any other insect? No ____ Yes ____

Do you have a heart condition? No ____ Yes ____

Do you have any food allergies? No ____ Yes ____

If yes, what are they? _____

Are you taking any medications? No ____ Yes ____

If yes, what are they and what are they for? _____

Do you have any health or diet issues I should be aware of? No ____ Yes ____

If yes, what are they? _____

Are you allergic to anything? (Hay fever, outdoor or animals, etc.)? No ____ Yes ____

If yes, what are they? _____

General Information:

What are you looking for in this trip? (Fishing, sight seeing, riding, history lessons, etc. . . .)?

How did you hear about Sunrise Pack Station? Brochure? _____ Mailing? _____

Word of mouth? _____ From whom? _____

Internet? _____ Where? _____

Trade Show? _____ Where? _____ Other? _____