



## CLIENT INFORMATION SHEET

(To be completed and returned)

The following information will be used to add in emergencies and to help us customize your trip to your specific needs. Please complete and return. Email to: [lostcreekoutfitters307@gmail.com](mailto:lostcreekoutfitters307@gmail.com)

### Personal Information:

Name (First, Middle and Last): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Commercial Airline Arrival date/time/flight: \_\_\_\_\_

Departure flight and date: \_\_\_\_\_

Hunt Dates: \_\_\_\_\_ Licenses (hunt &/or fish): \_\_\_\_\_

Species Tags you'll have (see Invoice): \_\_\_\_\_

### Emergency Information:

In an emergency, contact the following people:

Contact #1: \_\_\_\_\_ Phone #(s): \_\_\_\_\_

Contact #2: \_\_\_\_\_ Phone #(s): \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #(s): \_\_\_\_\_

State any health problems that we should know about (illness, heart disease, joints, etc.):

\_\_\_\_\_

Allergies (penicillin, insect bites, etc.): \_\_\_\_\_

Medications currently being taken: \_\_\_\_\_

### Dietary Information:

*Lost Creek Outfitters, LLC* - Cell: (307) 259-7072 Home: (307) 527-6251

[www.lostcreekoutfitters.com](http://www.lostcreekoutfitters.com)

[lostcreekoutfitters307@gmail.com](mailto:lostcreekoutfitters307@gmail.com)

Special Dietary Needs or restrictions; if so, please describe: \_\_\_\_\_

Food you won't or can't eat: \_\_\_\_\_

**Other Information:**

Mountain/backcountry experience (check): \_\_\_\_\_ Extensive \_\_\_\_\_ Moderate \_\_\_\_\_ Little/none

Are you comfortable with these (Y or N): \_\_\_\_\_ Horses \_\_\_\_\_ Backpacking \_\_\_\_\_ Heights

\_\_\_\_\_ Bears \_\_\_\_\_ Night Travel \_\_\_\_\_ Cold Weather \_\_\_\_\_ Sleeping in a tent \_\_\_\_\_ Eating

backpack food \_\_\_\_\_ Hunting in the rain and snow

Comments/details: \_\_\_\_\_

Physical fitness (please circle: 1 is poor, 10 is a triathlete):            1 2 3 4 5 6 7 8 9 10

What is the most important aspect(s) of this trip for you (be honest): \_\_\_\_\_ Trophy Animal

\_\_\_\_\_ Representative Animal \_\_\_\_\_ Seeing a lot of game \_\_\_\_\_ Good Experience

Weapon you'll be using on the trip: \_\_\_\_\_

How would you rate your shooting ability/confidence:            1 2 3 4 5 6 7 8 9 10

Is there any equipment on our required to bring list that you cannot provide or would like us to provide/rent to you for your hunt? \_\_\_\_\_

Other comments: \_\_\_\_\_

Do you wish to have your name/phone number used in our reference list: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Photo Release:**

Lost Creek Outfitters, LLC would like to use your field photos in our advertisements and brochures. Please send us any good pictures or slides upon getting them developed. By signing below you agree that all of the information contained within this document is accurate and current and you agree to let us use your photos and comments for marketing and promotional purposes.

Client

Date

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