



**Sheri Griffith Expeditions**  
 MOAB, UTAH  
 800-332-2439  
 "Adventure With a Touch of Class"

PO Box 1324 Moab, UT 84532  
 (800) 332-2439  
 (435) 259-8229  
 Fax (435) 259-2226  
 Email: info@GriffithExp.com  
 www.GriffithExp.com

**GUEST REGISTRATION~CATARACT CANYON 4 DAY TRIP**

Please complete the information below and return to our office as soon as possible.

**RESERVATION NAME:** \_\_\_\_\_ **Reservation Date** \_\_\_\_\_

**TRAVEL ARRANGEMENTS:**

- Driving to Moab--(We have a fenced yard where you can park your vehicle while you are on the trip.)
- Flying into Moab--(Canyonlands Airport is 17 miles north of town. Call Roadrunner Shuttle at 435-259-9402 for advance reservations for shuttle transportation to and around Moab.)

**LODGING ARRANGEMENTS:**

Name of motel \_\_\_\_\_  
 Dates of Stay \_\_\_\_\_ Notes \_\_\_\_\_  
 Cell Phone (or Number where you can be reached during your travels) \_\_\_\_\_

**ORIENTATION:** Orientation for multi-day trips is held at our office at 5:00 PM the evening before the trip. Will you be able to attend your trip orientation? \_\_\_\_\_ If not, please give us a call to make other arrangements.

**Do you plan on bringing your own camping equipment? (Camping Gear is Included)**

- YES     NO

**Did you fill out the Beverage Order Form?**

- YES     NO

Our menus are prepared fresh daily. Please help us accommodate special diets, food restrictions, and allergies with advanced notice. **Special requests must be received 30 days prior to the launch date.**

**CANCELLATION POLICY:**

I have read the Sheri Griffith Expeditions Cancellation Policy, and I understand that I should purchase travel insurance to cover my vacation investment in case I have to cancel for any reason. \_\_\_\_\_ (please initial)

**GUEST INFORMATION:**

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_  
 Dietary Restrictions? \_\_\_\_\_  
 Vegetarian? (give details) \_\_\_\_\_  
 Any Medical Concerns or Allergies we need to be aware of? \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_  
 Dietary Restrictions? \_\_\_\_\_  
 Vegetarian? (give details) \_\_\_\_\_  
 Any Medical Concerns or Allergies we need to be aware of? \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_  
 Dietary Restrictions? \_\_\_\_\_  
 Vegetarian? (give details) \_\_\_\_\_  
 Any Medical Concerns or Allergies we need to be aware of? \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_  
Dietary Restrictions? \_\_\_\_\_  
Vegetarian? (give details) \_\_\_\_\_  
Any Medical Concerns or Allergies we need to be aware of? \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_  
Dietary Restrictions? \_\_\_\_\_  
Vegetarian? (give details) \_\_\_\_\_  
Any Medical Concerns or Allergies we need to be aware of? \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_  
Dietary Restrictions? \_\_\_\_\_  
Vegetarian? (give details) \_\_\_\_\_  
Any Medical Concerns or Allergies we need to be aware of? \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_  
Dietary Restrictions? \_\_\_\_\_  
Vegetarian? (give details) \_\_\_\_\_  
Any Medical Concerns or Allergies we need to be aware of? \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_  
Dietary Restrictions? \_\_\_\_\_  
Vegetarian? (give details) \_\_\_\_\_  
Any Medical Concerns or Allergies we need to be aware of? \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_  
Dietary Restrictions? \_\_\_\_\_  
Vegetarian? (give details) \_\_\_\_\_  
Any Medical Concerns or Allergies we need to be aware of? \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_  
Dietary Restrictions? \_\_\_\_\_  
Vegetarian? (give details) \_\_\_\_\_  
Any Medical Concerns or Allergies we need to be aware of? \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_  
Dietary Restrictions? \_\_\_\_\_  
Vegetarian? (give details) \_\_\_\_\_  
Any Medical Concerns or Allergies we need to be aware of? \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_  
Dietary Restrictions? \_\_\_\_\_  
Vegetarian? (give details) \_\_\_\_\_  
Any Medical Concerns or Allergies we need to be aware of? \_\_\_\_\_  
\_\_\_\_\_