

Client Information Form



Please complete the following form and **return it to WCFC as soon as possible**. It can be returned by email, mail or fax to (604) 270-3660. This information is used to help us plan your trip for flight manifests, room assignment, weather gear, & diet information. Thank you!

Trip Date _____ Group Name _____

First Name _____ Last Name _____

Company Name (if applicable) _____

Address _____

City _____

Province/State _____ Postal Code/Zip Code _____

Telephone – Business _____ Fax – Business _____

Telephone – Residence _____ Fax – Residence _____

Email _____

Date of Birth (mm-dd-yy) _____ Sex M F

Foul Weather Suite (circle one)	<input type="checkbox"/> XS	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL	<input type="checkbox"/> XXXL
Boot Size (indicate size)							
Room Mates Name (print)							
Group Leaders Name (if known)							
Allergies							
Special Diet							
Special Requests							
Left Handed Reel?							
Lodge (Circle One)	<input type="checkbox"/> The Clubhouse	<input type="checkbox"/> North Island Lodge	<input type="checkbox"/> The Outpost				