



REGISTRATION FORM

Name: _____ Address: _____

City: _____ Prov/State: _____ Postal/Zip: _____

Country: _____ Phone #: _____

E-mail: _____

Trip Destination: _____ Trip Date: _____

Please indicate the category that best describes your canoeing skills:

Never Canoed Before () Novice () Intermediate () Pro ()

Please indicate your experience camping:

Never () Campground Camping () Wilderness < 10 Nights () Wilderness > 10 Nights ()

Please list any food, medical, or plant allergies that you have: _____

Do you have any physical limitations that may hinder your ability to paddle a canoe or carry loaded packs across portage trails? _____

Will you require transportation to the start of your trip? YES / NO

Please indicate your desired method of payment:

___ Cheque ___ Western Union ___ Visa ___ Master Card ___ American Express

WOLF DEN EXPEDITIONS
43 Augusta St, Cambridge
Ontario, N1R 1G2
Tel: (519) 622-2661
Email: info@wolfdenexpeditions.ca

www.Wolfdenexpeditions.ca