

Geo Tours Whitewater Raft Trips

RIVER GUIDE APPLICATION

Please fill out completely, insert N/A when Not Applicable.

NAME: _____

ADDRESS: _____

TELEPHONE: _____ (DAY) _____ (NIGHT)

E-MAIL: _____

DOB: ___ / ___ / ___ SNN: _____ DRIVER'S LIC.: _____

RIVER RUNNING EXPERIENCE & TRAINING: _____

DRIVING EXPERIENCE (Vans and/or Trucks): _____

REFERENCES: _____

SIGNATURE: _____ DATE: _____

ATTACH PHOTOCOPIES OF FIRST AID AND CPR CARDS FRONT & BACK!!!

ATTACH COPY OF DRIVING RECORD (DMV Rept)

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