**Canoe Across Scotland: Pre-expedition Customer Questionnaire**

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| **Expedition date:** |  | **Main contact name & mobile phone no:** |  |
|  | **Name(s) of members of your party** | **Age** (only if U18) | **Gender** | **Height** | **No. of paddling days in last 5 years** | **Approximate build**(for buoyancy aid fitting, S, M, L, XL) | **Waterproofs required?** (Yes or No) | **Emergency contact name & number** | **Willing to share a tent?**(Yes or No) |
| **1** |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Please turn over |  |

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| **Dietary Requirements:** please note any special dietary requirement that you have, e.g. vegetarian, allergies (e.g. nuts) |
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| **Medical conditions/ Allergies:** please note any medical conditions that we should be aware of including things such as conditions that might make lifting heavier equipment difficult, e.g. a canoe. |
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| Unless you tell us otherwise we will provide the equipment on the accompanying document. Please let us know if you prefer to bring along any of your own kit. |

**If there is anything else that you think we should know, please use the space below to do so:**