

#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

ADVENTURE TOURISM SUPPLEMENTARY QUESTIONNAIRE FOR FISHING

1. PARTICIPANT INFORMATION:

TOTAL PARTICIPANTS

Please describe participants for an average trip:

UNDER 18 **

**Please confirm that all underage participants will be accompanied by a guardian:									
I	Do you have a minimum age requirement?								
In your own opinion, how many of the participants will be classified as:									
TOTAL PARTICIPA TRIP	NTS PER	NOVICE LEVEI (LITTLE OR NO EXPERIENCE.))	INTERMEDIATE LEVEL (SOME EXP.)	Source State of the Authorite State of the Authorite State of the Stat	R LEVEL BER OF EXP.S)	ADVANCED LEVEL (CERTIFIED LEVEL)		
Total number of certified guides on this trip									
2. SAFETY INFORMATION:									
We require that PFD's are mandatory for all clients while padding white water, high winds or waves or during increment weather. Non swimmers need to wear them at all times. If your policy differs, please advise									
	Please outline all safety equipment worn by participants while on trip:								
27 <u>-</u>									

- 1 - SRIM 08/13

OVER 18

ADDITIONAL GUIDE QUALIFICATIONS:

Please indicate level of water rescue certification held by guides:

3. TRIP INFORMATION: Enclose a copy of a map, drawing or description that the trip will take and identify any river(s), lake(s), class of water, number of rapids which exceed class two, length of trip, etc. Identify trails and portage taken. BODY OF WATER WATER GRADE Map or description must be attached: Yes O No O Is fishing done from boat, shore, or floatation device? What is the length and horse power of the boats that you use: Date: Applicant Signature: BROKER CONTACT INFORMATION Agent Name: Broker Name: L-Mail: Phone: Province: Prostal Code:	NAME	E OF GUIDE	WATER RESCUE CERTIFICATION				
Enclose a copy of a map, drawing or description that the trip will take and identify any river(s), lake(s), class of water, number of rapids which exceed class two, length of trip, etc. Identify trails and portage taken. BODY OF WATER WATER GRADE Map or description must be attached: Yes O No O Is fishing done from boat, shore, or floatation device? What is the length and horse power of the boats that you use: Date: Applicant Signature: BROKER CONTACT INFORMATION Agent Name: Broker Name: Broker Name: E-Mail: Province: Province:							
Enclose a copy of a map, drawing or description that the trip will take and identify any river(s), lake(s), class of water, number of rapids which exceed class two, length of trip, etc. Identify trails and portage taken. BODY OF WATER WATER GRADE Map or description must be attached: Yes O No O Is fishing done from boat, shore, or floatation device? What is the length and horse power of the boats that you use: Date: Applicant Signature: BROKER CONTACT INFORMATION Agent Name: Broker Name: Broker Name: E-Mail: Province: Province:							
Enclose a copy of a map, drawing or description that the trip will take and identify any river(s), lake(s), class of water, number of rapids which exceed class two, length of trip, etc. Identify trails and portage taken. BODY OF WATER WATER GRADE Map or description must be attached: Yes O No O Is fishing done from boat, shore, or floatation device? What is the length and horse power of the boats that you use: Date: Applicant Signature: BROKER CONTACT INFORMATION Agent Name: Broker Name: Broker Name: E-Mail: Province: Province:							
identify any river(s), lake(s), class of water, number of rapids which exceed class two, length of trip, etc. Identify trails and portage taken. BODY OF WATER WATER GRADE Map or description must be attached: Yes O No O Is fishing done from boat, shore, or floatation device? What is the length and horse power of the boats that you use: Date: Applicant Signature: BROKER CONTACT INFORMATION Agent Name: Broker Name: Broker Name: City: Phone: Province:	3.	TRIP INFORMATION:					
Map or description must be attached: Is fishing done from boat, shore, or floatation device? What is the length and horse power of the boats that you use: Date: Applicant Signature: BROKER CONTACT INFORMATION Agent Name: Broker Name: Broker Name: Broker Name: Province:		identify any river(s), lake(s), cla	ass of water, number of rapids which exceed class				
Is fishing done from boat, shore, or floatation device? What is the length and horse power of the boats that you use: Date: Applicant Signature: BROKER CONTACT INFORMATION Agent Name: Broker Name:	BODY	OF WATER	WATER GRADE				
Is fishing done from boat, shore, or floatation device? What is the length and horse power of the boats that you use: Date: Applicant Signature: BROKER CONTACT INFORMATION Agent Name: Broker Name:							
Is fishing done from boat, shore, or floatation device? What is the length and horse power of the boats that you use: Date: Applicant Signature: BROKER CONTACT INFORMATION Agent Name: Broker Name:							
Is fishing done from boat, shore, or floatation device? What is the length and horse power of the boats that you use: Date: Applicant Signature: BROKER CONTACT INFORMATION Agent Name: Broker Name:							
Is fishing done from boat, shore, or floatation device? What is the length and horse power of the boats that you use: Date: Applicant Signature: BROKER CONTACT INFORMATION Agent Name: Broker Name:							
What is the length and horse power of the boats that you use: Date: Applicant Signature: BROKER CONTACT INFORMATION Agent Name: Address:		Map or description must be attached: Yes O No O					
BROKER CONTACT INFORMATION Agent Name: Broker Name: City: Phone: Province:							
Agent Name: Broker Name: E-Mail: Phone: Address: City: Province:	Date:		Applicant Signature:				
Broker Name: E-Mail: City: Phone: Province:		BROKER CO	NTACT INFORMATION				
E-Mail: Phone: City: Province:			Address:				
Phone: Province:		ame:	City:				
	lat on a week						

- 2 - SRIM 08/13