

# SACRED EARTH NETWORK

---

## Expeditions Registration Form

To reserve a space on this trip, please complete the following form and mail it, along with your \$500 deposit or full payment along with your signed Liability Release Agreement to Sacred Earth Network, 93A Glasheen Road, Petersham, MA 01366. For questions or additional information please call 978-724-0120 or email [info@sacredearthnetwork.org](mailto:info@sacredearthnetwork.org). The check or money order should be made out to: Sacred Earth Network. Online payment is available through PayPal; contact us for more information.

<p><b>Trip Name &amp; Date</b> _____</p> <p><b>How did you hear about this trip?</b> _____</p> <p><b>List prior trip(s)/date(s) with Sacred Earth Network</b> _____</p> <p>_____</p>
--

### Personal Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business/Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Emergency Contact:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Relationship \_\_\_\_\_

### Airline Flight Information:

Include here or mail a copy of your flight itinerary to Sacred Earth Network, 93A Glasheen Rd, Petersham, MA 01366, or email to [kathleen@sacredearthnetwork.org](mailto:kathleen@sacredearthnetwork.org) as soon as you have obtained it.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART I: Tell us about yourself.** *Please be as brief or detailed as needed. Use back of sheet if necessary.*

What attracted you to this trip?

What do you want for yourself and/or your community as a result of this experience?

Have you traveled in this region before? (*Give specifics*)

Are there any pre-trip questions you want answered?

Please tell us about yourself (special interests, profession, home-life, talents)

**PART II: Tell us about your health.** *Please be as brief or detailed as needed. Use back of sheet if necessary.*

Please circle if you currently or have had any of the following:

Asthma  
Heart Problems/Surgery  
Arthritis  
Diabetes  
High Blood Pressure

Please provide details if you circled any of the above:

Do you have any medical conditions or physical limitations that would keep you from physical activity such as hiking? If so please explain:

Are you currently on any prescription medication? If so please indicate what type and what it is for?

Have you had any type of surgery in the past year? If so, please describe what type and when.

Please include any other important health information (on back if necessary).

*Thank you and we look forward to having you with us on this spectacular adventure!*