



SWS Mountain Guides

P.O. Box 988

Mt. Shasta, Ca. 96067

mail@swsmtns.com

www.swsmountainguides.com

Phone: 888.797.6867 / Fax: 877.797.6867

SWS Mountain Guides Expedition Application

This information is an important way for us to ensure an enjoyable and safe expedition experience for you and your fellow adventurers. If you have any questions about your ability, experience, skills, or conditioning to join one of our expeditions, don't count yourself out, please give us a call to discuss it with you. We have programs and information to prepare you for any of our expeditions. To apply for an expedition, simply return this form with your deposit of \$750.00 to SWS Mountain Guides. If we determine that you do not have enough experience to participate in the Expedition your deposit will be refunded in full. Once you are accepted for the expedition all deposit and refund policies apply.

Expedition Name and Dates: _____ Date of Birth: _____

Name: _____
Last First Middle

Address: _____
Street Address City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____ Passport # _____ Expiration Date: _____

Name on Passport (exactly): _____ Country: _____

Please tell us about any medical problems or conditions you have. Please use the reverse side if needed:

Do you have any sensitivity to medications, antibiotics, insects (bee stings), or foods ?
If yes please list:

Do you have any of the following Health Problems or Conditions?

(Please circle and explain) Altitude Sickness Asthma Chronic Back Problems Knee Epilepsy Migraine

Cold or Heat Intolerance Heart Problems/ Conditions High Blood Pressure Overweight Painful Menstruation
Other

If Yes Explain here and on the reverse:



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Please explain any prescriptions you need to take while on the expedition and describe use. Please use the reverse side if needed:

Have you had any recent surgery?

If Yes Explain:

Do you have any Dental Problems?

If Yes Explain:

What is the highest Altitude you have experienced? _____

How many times have you been above 12,000 ft./3,600 meters? _____

Have you had any of the following Altitude Related illnesses?

Mountain Sickness, Pulmonary Edema, Cerebral Edema If so explain number of times and severity.

Climbing Experience: _____

_____ # of Years:

Rock Climbing Experience: _____ # of Years:

Snow or Ice Climbing Experience: _____ # of Years:

2nd & 3rd Class Mountaineering: _____ # of Years:

Backpacking / Hiking Experience: _____ # of Years:

Mountaineering Skills Development:

Date of Last Used:



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Ice Ax Self Arrest and Self Belay: _____ / _____

Cramponing Experience: _____ / _____

Belaying on snow, ice, or rock: _____ / _____

Crevasse Rescue Experience: _____ / _____

Rope Team Travel Experience: _____ / _____

Backpacking/Hiking Experience: _____ / _____

Please list any previous climbs or Expeditions you have participated in:

Please briefly explain your current training schedule and planned training schedule for the expedition:

Any special requests or things we should know?
