



**CATARACT CANYON / CANYONLANDS NATIONAL PARK
RESERVATION FORM**

Please call for space availability before completing this form 800-992-8022 press 2

Minimum Age - Motorized Trip: 8 Years / Minimum Age - Oar Trip: 12 Years

PLEASE CHECK ONE:

Rafting Trips _____ 2-Day Motor Escape
 _____ 3-Day Motor _____ 5 - Day Oar

Group Leader: _____ Trip Date: _____

Total deposits enclosed with reservation form: \$ _____ Number in Group: _____

Please charge my: VISA MASTERCARD AMERICAN EXPRESS DISCOVER
Card Number: _____ Expiration Date: _____
Name as it appears on card: _____ CVV2 Number: _____

Cancellation Policy: A \$300 non-refundable deposit per person is required at the time of booking.
Final payment is due 60 days prior to the trip date. Once your final payment is paid, the trip cost is non refundable.
Since we are unable to make any exceptions for any reason to our cancellation policy, we strongly advise all of our
passengers to obtain some type of trip cancellation insurance. Signature _____

1. Name: _____ D.O.B. _____ Cell Phone: _____
Address: _____ Weight: _____ Home Phone: _____
 _____ Height: _____ E-mail: _____

2. Name: _____ D.O.B. _____ Cell Phone: _____
Address: _____ Weight: _____ Home Phone: _____
 _____ Height: _____ E-mail: _____

3. Name: _____ D.O.B. _____ Cell Phone: _____
Address: _____ Weight: _____ Home Phone: _____
 _____ Height: _____ E-mail: _____

4. Name: _____ D.O.B. _____ Cell Phone: _____
Address: _____ Weight: _____ Home Phone: _____
 _____ Height: _____ E-mail: _____

If more than 4 persons, please attach additional sheet.

**PLEASE COMPLETE BOTH PAGES AND RETURN TO: WILDERNESS RIVER ADVENTURES
P.O. BOX 717
PAGE, AZ 86040**

YOU MAY ALSO FAX TO: (928) 645-6113 OR EMAIL TO: info@riveradventures.com

Arrival information:

I plan to arrive the night before my trip via: _____ Car _____ United _____ SkyWest /Delta _____
_____ Shuttle from Salt Lake City, Utah

Wilderness will arrange your motel room in Moab, UT at the **Aarchway Inn**. www.aarchwayinn.com
Contact us with the current room rates. All rooms are standard with 2 queen beds. Rates subject to change.

PLEASE RESERVE: For the night of: _____ at the Aarchway Inn

1 -Room for: _____
(Please list names of persons in room)

1 -Room for: _____
(Please list names of persons in room)

OR:
I plan to stay at the following motel/hotel in Moab, UT _____

Departure Information:

I will make arrangements to have my vehicle shuttled to Hite Marina _____ (Please make prior arrangements)

I want Wilderness River Adventures to arrange a flight for _____
to return to Moab at the end of our trip. Please include \$145 on my final statement for this flight.

Dietary Requirements

If you or any of the participants in your party have special dietary requirements, severe or life-threatening allergies of any kind, a multi-day rafting trip may not be suitable trip for you. Due to the limitations and nature of our buffet style meals, we are unable to accommodate dietary requests such as Kosher meals. You may supplement our existing meals where necessary with some of your own food, as long as it doesn't require cooking or refrigeration. The following people in our group are:

_____ Vegetarian
_____ Vegan
_____ Gluten Free

Guests with Severe Allergies

Wilderness River Adventures takes allergies very seriously. It is very important that you describe to us the exact details of any allergies you may have, including symptoms and severity. If you have an allergy which might cause difficulty breathing, anaphylaxis or any other life threatening reaction this trip may not be suitable for you. We want to be sure you and your family are aware you are in a wilderness area. If you have a severe allergy you will be required to bring at least 2 Epi-pens on the trip. Any questions or concerns you may have please contact our office. 800-992-8022 press 2. Please list any allergies you or your group have below.

