



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

Please call for space availability before completing this form 928-645-4967 / 0343

**3-DAY ESCAPE - POTASH TO HITE MARINA**

**Minimum Age: 12**

Group Leader: \_\_\_\_\_ Trip Date: \_\_\_\_\_  
 Total amount to be charged \$ \_\_\_\_\_ Number in Group: \_\_\_\_\_

**Please give us a call with your credit card number for the deposit once you have returned this form.  
 You may also send a check with the reservation form.**

**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 \_\_\_\_\_

<b>1. Name:</b> _____	D.O.B. _____	Cell Phone: _____
<b>Address:</b> _____	Weight: _____	Home Phone: _____
_____	Height: _____	E-mail: _____
_____		
<b>2. Name:</b> _____	D.O.B. _____	Cell Phone: _____
<b>Address:</b> _____	Weight: _____	Home Phone: _____
_____	Height: _____	E-mail: _____
_____		
<b>3. Name:</b> _____	D.O.B. _____	Cell Phone: _____
<b>Address:</b> _____	Weight: _____	Home Phone: _____
_____	Height: _____	E-mail: _____
_____		
<b>4. Name:</b> _____	D.O.B. _____	Cell Phone: _____
<b>Address:</b> _____	Weight: _____	Home Phone: _____
_____	Height: _____	E-mail: _____
_____		

*If more than 4 persons, please attach additional sheet.*

**PLEASE COMPLETE AND RETURN TO:**

**WILDERNESS RIVER ADVENTURES  
 P.O. BOX 717  
 PAGE, AZ 86040  
 EMAIL: [info@riveradventures.com](mailto: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

**Note:** You will require hotel accommodations the night prior to your trip departure. Our meet & greet will be held at the Aarchway Inn, Moab Utah. (Time to be determined at a later date). It is your responsibility to book your own room. Please visit [www.aarchwayinn.com](http://www.aarchwayinn.com) or call 800-341-6359 / 435-259-2599. You can also book a room at any other hotel in Moab.

I plan to stay at the following motel/hotel in Moab, UT \_\_\_\_\_

**Departure Information:**

It is your responsibility to make your own transportation arrangement at the end of your trip. You must make arrangements in advance. Please indicate below your departure arrangements.

Vehicle shuttled to Hite Marina \_\_\_\_\_

Flight with Redtail Aviation (\$179 per person) \_\_\_\_\_

**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.**
