

**COLORADO RIVER/GRAND CANYON
2024 RESERVATION FORM**

Please call for space availability before completing this form 928.645.4967 or 928.645.0343

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

PLEASE CHECK ONE:

Motorized Trips

_____ 3 1/2 Day Upper Canyon
_____ 4 1/2 Day Lower Canyon
_____ 6 Day
_____ 7 Day
_____ 8 Day

Oar Trips

_____ 5 1/2 Day Upper Canyon
_____ 6 1/2 Day Lower Canyon
_____ 8 1/2 Day Lower Canyon
_____ 12 Day
_____ 14 Day

Group Leader: _____

Trip Date: _____

Total amount to be charged: \$ _____

Number of people 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 \$400 non-refundable deposit per person is required at the time of booking. Final payment is due 90 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 _____

On upper and full canyon trips there is an additional \$20/person (16 and older) Entrance Fee getting into Grand Canyon National Park. If you have a valid National Park Pass, please send us a copy for exemption.

One Dollar (\$1) per day per person " Pass Through Fee" is added to your balance. Accept/ Decline (please circle one) (This donation is passed on to groups through the Grand Canyon Fund, Inc.)

The National Park Service requires we have your full legal name (first, middle, last name) date of birth, address, weights, and telephone numbers of ALL persons requesting reservations.

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

OR EMAIL TO: riveradventures@aramark.com

Resort Accomodations in Page, AZ Only: Wilderness will arrange your motel reservations at Lake Powell Resort. Resort confirmations will be sent with your trip instructions. **YOU WILL BE CHARGED AT THE TIME OF BOOKING.** All rooms are standard with 2 queen beds. (Please call for rates 928-645-4967)

Please reserve: For the night of: _____

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

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

Full Canyon - Lees Ferry to Bar 10 Ranch/ Diamond Creek

At the beginning of the trip transportation from Las Vegas to Page, AZ is included and prearranged by Wilderness
At the conclusion of the trip I will: (Included in trip cost and prearranged by Wilderness)

Depart to Page _____ Las Vegas _____

Upper Canyon -Lees Ferry to Phantom Ranch

At the beginning of the trip transportation from Las Vegas to Page, AZ is included and prearranged by Wilderness
At the conclusion of the trip you will have to arrange your own transportation:

Depart the Grand Canyon Village by car _____ prearranged flight to Las Vegas _____

Lower Canyon - Phantom Ranch to Bar 10 Ranch/ Diamond Creek

At the beginning of the trip the transportation to Grand Canyon Village is not included in the trip fare.

I plan to arrive in Grand Canyon Village on _____ the night before my trip via:

Car _____ Flight from Las Vegas with Bar 10 Transportation _____

At the conclusion of the trip I will: (Included in trip cost and prearranged by Wilderness)

Depart to Grand Canyon Airport _____ Las Vegas _____

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 for you. Due to the limitations and nature of our buffet style meals, we are unable to accommodate dietary requests such as Kosher meals.

The following people in our group are:

_____ **Vegetarian**
_____ **Gluten free**

Guests with Severe Allergies/ CPAP

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. Contact our office with any questions or concerns you may have. Those with CPAP machine must bring a self-sufficient power supply - we are not able to charge batteries on the trip. Please list any allergies you or your group have below or if you are planning to bring a CPAP machine.
