Ice Creek Lodge Group Information Sheet

Name of Group Member	Email Address	Emergency Contact Name	Emerg Cont Number

TRIP LEADER NAME:

EMAIL:

TYPE OF TRIP:

Please sign to confirm that all group members wishing to participate in this reservation: (i) have been informed of and have agreed to the Booking Terms & Conditions, including the requirement to sign a waiver in order to participate; (ii) have had the opportunity to review the waiver; (iii) will complete and submit a Guest Information Form prior to the trip; and (iv) will complete a waiver prior to boarding the helicopter or arriving at the summer trail head as a condition of participating in the trip.

Trip Leader's Signature: _____ Date: _____

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