

**\*\* Please complete & return form upon receipt \*\***



Email: info@queencharlottelodge.com  
Fax: 604.899.2164 or 866.688.8950 (toll free)

## Pre-Trip Questionnaire

**GROUP NAME** \_\_\_\_\_ **TRIP DATE** \_\_\_\_\_

### Contact Info

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov/State \_\_\_\_\_ Postal/Zip \_\_\_\_\_

Bus. Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ # of previous visits \_\_\_\_\_

### Fishing Outerwear

**Floation Suit:** (circle one)      S              M              L              XL              XXL              XXXL  
(chest size)      34-38"      38-42"      42-46"      46-50"      50-54"      54-58"

**Boot Size** Men's: \_\_\_\_\_ Ladies: \_\_\_\_\_

**Children** Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Boot Size: \_\_\_\_\_ Age: \_\_\_\_\_

### Fishing License

**DO YOU NEED A FISHING LICENSE?** (circle one)      yes              no

If no, please note fishing license #: \_\_\_\_\_

If yes, please note birth date: \_\_\_\_\_ (circle one)      annual              5 day

Driver's license #: \_\_\_\_\_ (\* required for fishing license identification)

### During Your Trip

Do you have any allergies or medical conditions we should be aware of? \_\_\_\_\_

Are you celebrating a special occasion during your trip? \_\_\_\_\_

WHO will share your room? (max 3 per room) \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Main Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**IMPORTANT:** A credit card **MUST** be on file prior to your arrival at the Lodge for on-site charges.  
You may choose to apply payment using an alternate method upon checkout.

Credit Card #: \_\_\_\_\_ **AMEX or VISA or M/C**

Name on Card: \_\_\_\_\_ Expiry: \_\_\_\_\_

I would like to support salmon enhancement programs organized by the *Queen Charlotte Islands Salmon Unlimited Society*. Please add a donation to my invoice in the amount of:      \$25.00              \$50.00              \$100.00              \$ \_\_\_\_\_